

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J15298

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: DADE PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

7600 SW 57TH AVENUE  
STE 225  
MIAMI, FL 33143 US

**New Principal Place of Business:**

**Current Mailing Address:**

7600 SW 57TH AVENUE  
STE 225  
MIAMI, FL 33143 US

**New Mailing Address:**

FEI Number: 59-2745281      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PLOUCHA, LAWRENCE M ESQ  
ONE FINANCIAL PLAZA, 14TH FLOOR  
100 SE 3RD AVE  
FORT LAUDERDALE, FL 33394 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: PATINO, EDGAR  
Address: 7600 SW 57TH AVE #225  
City-St-Zip: MIAMI, FL 33143

Title: STD ( ) Delete  
Name: LIEVANO, JORGE ENRIQUE  
Address: 7600 SW 57TH AVE #225  
City-St-Zip: MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: EDGAR PATINO MD

PD

04/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date