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07-12-2006 90003 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 06, 2006 8:00 A.M.
Secretary of State

DOCUMENT # K09248

1. Entity Name
PSYCHIATRIC INNOVATORS OF GREATER ORLANDO, P.A.

[illegible]

07062006 Chg-P CR2E034 (11/05)

Principal Place of Business	Mailing Address
220 N WESTMONTE DR. STE E ALTAMONTE SPRGS, FL 32714	220 N WESTMONTE DR. STE E ALTAMONTE SPRGS, FL 32714

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-2848678 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KANE, MARTIN S. 220 N. WESTMONTE DR. ALTAMONTE SPRGS, FL 32714	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST KANE, MARTIN S. 220 N. WESTMONTE DR ALTAMONTE SPRGS, FL 32714 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition B 8/2/04

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin S. [signature] 7/6/06 407 862 5707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PSYCHIATRIC INNOVATORS
OF GREATER ORLANDO, P.A.
MARTIN S. KANE, M.D.
DIPLOMATE, AMERICAN BOARD of PSYCHIATRY AND NEUROLOGY

July 6, 2006

Florida Department of State
Secretary of State
Sue M. Cobb
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

To Department of State,

Enclosed is my 2006 for Profit Corporation Annual Report.
Because I did not receive a previous notice to file before receiving a Notice to Dissolve, Mr. Tyrone Scott advised me to enclose the usual $150 fee.
There's been no changes in this corporation.
Thank you very much.

Sincerely,

Martin S. Kane

Martin S. Kane, M.D.

MSK:rdj

7/27 - Spoke w/ Tyrone - Fax/LTR. ① 850 245 6017
② 850 245 6897 - ③ 850 245 6080 -
FAX NOT WORKING. Tyrone said - mail copy of ltr to his attention - plus copy of Annual Report - copy of cancelled NOT USED. Late fee - will be waived - Sue - 7/27/06

1145 Maitland Center Commons Drive • Suite E • Altamonte Springs, Florida 32714 • (407) 862-5707