2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004
Secretary of State

DOCUMENT# K25427

Entity Name: ASSOCIATES FOR PSYCHIATRIC SERVICES INC.

Current Principal Place of Business:

7000 SW 62 AVE
545
MIAMI, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

7000 SW 62 AVENUE
SUITE 545
MIAMI, FL 33143

New Mailing Address:

FEI Number: 65-0063487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUERVO, MARIO
1017 HARDEE RD
CORAL GABLES, FL 33146 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: P/D ( ) Delete
Name: CUERVO, MARIO,
Address: 1017 HARDEE RD
City-St-Zip: MIAMI, FL 33146

Title: STD ( ) Delete
Name: CUERVO, ZAYDEE
Address: 1017 HARDEE RD
City-St-Zip: MIAMI, FL 33146

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 for the exemption stated in Section 119.07(3)(i), 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: ZAYDEE CUERVO STD 03/22/2004

Electronic Signature of Signing Officer or Director Date