


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 23, 2006 8:00 am
Secretary of State

05-23-2006 90013 026 ***150.00

DOCUMENT # L39699 1. Entity Name CENTER FOR MEDICINE AND PSYCHIATRY, INC.	
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Principal Place of Business 1408 SAN MARCO BLVD. JACKSONVILLE, FL 32207	Mailing Address 1408 SAN MARCO BLVD. JACKSONVILLE, FL 32207
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05052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2983909	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SALEH, MOHAMED O. 1408 SAN MARCO BLVD. JACKSONVILLE, FL 32207
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**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS SALEH, MOHAMED O. 1408 SAN MARCO BLVD. JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SALEH, MOHAMED 1408 SAN MARCO BLVD JACKSONVILLE, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M BAHAYILAY, MERIEM ALI 1408 SAN MARCO BLVD JACKSONVILLE, FL <i>SALEH, VANESSA</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SALEH, GRACIELA 1408 SAN MARCO BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEH, TATIANA 1408 SAN MARCO BLVD JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALEH, SVETLANA 1408 SAN MARCO BLVD JACKSONVILLE, FL 32207

**DO NOT WRITE
IN THIS SPACE**

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: _____ *5/17/06* *(904) 398-0009*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

4-28-06

40094179

To Whom It May Concern:

Dear Sir/Madam:

Please be advised that the **Center for Medicine and Psychiatry** has changed its mailing address.

From:

1408 San Marco Blvd
Jacksonville, FL 32207

To:

P. O. Box 10339
Jacksonville, Florida 32247

Please make the appropriate corrections
in your database.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Saleh". The signature is written in a cursive style with a horizontal line underneath the name.

Mohamed O. Saleh, M.D.