2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004
Secretary of State

DOCUMENT# N08002

Entity Name: FLORIDA SOCIETY FOR ADOLESCENT PSYCHIATRY, INC.

Current Principal Place of Business:

521 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

521 EAST PARK AVENUE
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ADAMS, MARGO S
521 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: FARMER, SCOTT
Address: 615 E PRINCETON ST STE 3A
City-St-Zip: ORLANDO, FL 32803

Title: PED ( ) Delete
Name: SOLLOWAY, MICHAEL
Address: 4190 BELFORT RD STE 310
City-St-Zip: JACKSONVILLE, FL 32216

Title: STD ( ) Delete
Name: FRANCINE, GELFARD
Address: 1208 W. DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SCOTT FARMER, MD PD 04/15/2004
Electronic Signature of Signing Officer or Director — Date