2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N960000027521. Entity Name



FILED Aug 01, 2007 8:00 am Secretary of State 08-01-2007 90047 001 *****8.75

SOUTH FLORIDA COUNCIL FOR CHILD & ADOLESCENT PSYCHIATRY, INC.)	08-01-2007			51.25	
Principal Place of Business 275 GLENRIDGE RD KEY BISCAYNE, FL 33149 US			Maiting Address 275 GLENRIDGE RD KEY BISCAYNE, FL 33149 US			66020703					
Principal Place of Business - No P.O. Box # 3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07242007	Chg-NP	CR2E037	(12/06)		
City & State		City & State			4. FEI Number 65-0708430				pfied For		
Zip		Country	Zip	Cou	intry	5. Certificate of	of Status Desired		8.75 Add ee Require		
	6. Name a	and Address of Current Re	egistered Agent			7. Name and	Address of New F	legistered Ap	gent		
ROTHE, E	LIGENIO				Name						
275 GLENRIDGE RD KEY BISCAYNE, FL 33149					Street Address	Address (P.O. Box Number is Not Acceptable)					
1	e. .v.)				City			FL	Zip Code	e	
8. The above		submits this statement for the	he purpose of changing its	registere	L ed office or regist	tered agent, or both	n, in the State of Fli	orida. I am fa	miliar with.	and accept	
the obligat	tions of register	red agent.		•	•	•				•	
]	
SIGNATURE		r printed name of registered agent and	d title if explicable. (NOT)	E: Recussere	d Agent signature requir	red when constatues)		DATE			
<u> </u>											
Filing Fee is \$81.25 9. Election Campaig Due by September 14, 2007 Trust Fund Contril						\$5.00 May Be Added to Fees		lake check rida Departr			
10.		OFFICERS AND DIRE	CTORS	11.		ADDITIONS/CHA	NGES TO OFFICE	RS AND DIRE	ECTORS IN	10	
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