

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 01, 2007 8:00 am**  
**Secretary of State**

08-01-2007 90047 001 \*\*\*\*\*8.75  
08-01-2007 90047 002 \*\*\*\*\*61.25

66020703



07242007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N96000002752</b> 1. Entity Name <b>SOUTH FLORIDA COUNCIL FOR CHILD &amp; ADOLESCENT PSYCHIATRY, INC.</b>																																																																																													
Principal Place of Business <b>275 GLENRIDGE RD KEY BISCAVNE, FL 33149 US</b>			Mailing Address <b>275 GLENRIDGE RD KEY BISCAVNE, FL 33149 US</b>																																																																																										
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																											
City & State		City & State																																																																																											
Zip	Country	Zip	Country																																																																																										
4. FEI Number <b>65-0708430</b>			Applied For <input type="checkbox"/> Not Applicable																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>			<b>\$8.75</b> Additional Fee Required																																																																																										
6. Name and Address of Current Registered Agent  <b>ROTHE, EUGENIO 275 GLENRIDGE RD KEY BISCAVNE, FL 33149</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small> <div style="text-align: right;"><small>DATE</small></div>																																																																																													
<b>Filing Fee is \$61.25</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees																																																																																									
<b>Make check payable to Florida Department of State</b>																																																																																													
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