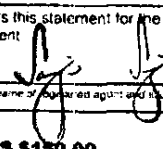


FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90250 009 ***150.00

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000045024			
1. Entity Name CENTER FOR ADULT PSYCHIATRY, P.A.			
Principal Place of Business 22 W. LAKE BEAUTY DR. #211 ORLANDO, FL 32806		Mailing Address 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 9228 Southern Breeze Dr Suite Apt. #, etc.	
City & State Orlando FL		City & State Orlando FL	
Zip 32836	Country US	Zip 32836	Country US
4. FEI Number 59-3844575		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		04242004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent SINGH, SANJEEV MD 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836		7. Name and Address of New Registered Agent Name SINGH, SANJEEV MD Street Address (P.O. Box Number is Not Acceptable) 9228 Southern Breeze Dr City Orlando FL Zip Code 32836	
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  DATE _____ Signature, typed or printed name of registered agent and if applicable (NOTE: Registered Agent signature required when reappointing)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SINGH, SANJEEV MD 9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SINGH, SANJEEV MD 9228 SOUTHERN BREEZE DR ORLANDO, FL 32836 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 the like empowered.			
SIGNATURE: 		4/26/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	