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.

94072642

Principal Place of Business	Mailing Address
22 W. LAKE BEAUTY DR. #211 ORLANDO, FL 32806	9007 HERITAGE BAY CIRCLE ORLANDO, FL 32836

04242004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	9228 Southern Breeze Dr
Suite, Apt. #, etc.	Suite Apt #, etc.
City & State	City & State: Orlando FL
Zip / Country	Zip: 32836 Country: US

4. FEI Number 59-3644575 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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

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
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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 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: [signature] 4/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #