

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90252 039 ***150.00

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1. Entity Name
CENTER FOR ADULT PSYCHIATRY, P.A.



Principal Place of Business

**22 W. LAKE BEAUTY DR. #211-
ORLANDO, FL 32806**

Mailing Address

**9228 SOUTHERN BREEZE DR.
ORLANDO, FL 32836**

50018759

2. Principal Place of Business

x 721 W. COLONIAL DR

3. Mailing Address

**7512 Dr. Phillips Blvd
Suite, Apt. #, etc.
Ste #50 PMB 514**

04122006 Chg-P CR2E034 (11/05)

City & State

ORLANDO FL

City & State

Orlando FL

4. FBI Number
59-3644575

Applied For
Not Applicable

Zip
32804

Country
USA

Zip
32819

Country
USA

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

6. Name and Address of Current Registered Agent

**SINGH, SANJEEV MD
9228 SOUTHERN BREEZE DR.
ORLANDO, FL 32836**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPST
SINGH, SANJEEV MD
9228 SOUTHERN BREEZE DR.
ORLANDO, FL 32836** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *S. Singh*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-25-06