2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# P00000045024

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

Current Principal Place of Business:

721 W COLONIAL DR
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

7512 DR PHILLIPS BLVD STE 50 PMB 514
ORLANDO, FL 32819

New Mailing Address:

FEI Number: 59-3644575 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SINGH, SANJEEV MD
7512 DR PHILLIPS BLVD STE 50 PMB 514
ORLANDO, FL 32819 US

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.

SIGNATURE: SANJEEV SINGH 04/24/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SINGH, SANJEEV MD
Address: 9228 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: SINGH, SANJEEV MD
Address: 7512 DR PHILLIPS BLVD STE 50 PMB 514
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANJEEV SINGH DPST 04/24/2007
Electronic Signature of Signing Officer or Director Date