


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 28, 2008 08:00 AM
Secretary of State

DOCUMENT # P00000045024	
1. Entity Name CENTER FOR ADULT PSYCHIATRY, P.A.	

Principal Place of Business 721 W COLONIAL DR ORLANDO, FL 32804	Mailing Address 7512 DR PHILLIPS BLVD STE 50 PMB 514 ORLANDO, FL 32819
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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3644575	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE**6. Name and Address of Current Registered Agent**SINGH, SANJEEV MD
7512 DR PHILLIPS BLVD STE 50 PMB 514
ORLANDO, FL 32819**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees0000000326152
05/20/08-80054-015 150.00**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST SINGH, SANJEEV MD 7512 DR PHILLIPS BLVD STE 50 PMB 514 ORLANDO, FL 32819
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IN THIS SPACE**

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: _____

4-24-08