

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000045024

FILED
Apr 22, 2011
Secretary of State

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPST
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 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 all other like empowered.

SIGNATURE: SANJEEV SINGH

DPST

04/22/2011

Electronic Signature of Signing Officer or Director

Date