

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

05 AUG 11 AM 8:41

DOCUMENT # P00000064738

1. Entity Name
ADVANCED BEHAVIORAL HEALTH CENTER, P.A.



Principal Place of Business
~~221 N JOANNA AVE~~
TAVARES, FL 32778 US

Mailing Address
~~221 N JOANNA AVE~~
TAVARES, FL 32778 US

2. Principal Place of Business
1799 Salk Avenue
Suite, Apt. #, etc.

3. Mailing Address
1799 Salk Avenue
Suite, Apt. #, etc.

City & State
Tavares, Florida

City & State
Tavares, Florida

Zip
32778

Country
Lake

Zip
32778

Country
Lake



07272005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3662507

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

G. EDWARD CLEMENT
308 EAST FIFTH AVENUE
MOUNT DORA, FL 32757

7. Name and Address of New Registered Agent

Name
Ivan M. Lefkowitz, Esquire

Street Address (P.O. Box Number is Not Acceptable)
430 North Mills Avenue

City
Orlando

FL

Zip Code
32803

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] DATE 8-4-05

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

Amended AR is \$61.25

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	DR TORRES, LUIS M.D. 34517 PARKVIEW AVE EUSTIS, FL 32736	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/T Torres, Luis, M.D. 34517 Parkview Avenue Eustis, Florida 32736	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/V/S De Leon, Hector, M.D. 1799 Salk Avenue Tavares, Florida 32778	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800058643378 08/16/05--01021--005 **\$1.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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] Luis Torres 8/1/05 (352) 742-8300

Signature, typed or printed name of signing officer or director Date Daytime Phone #