

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064738

FILED
Jan 15, 2007
Secretary of State

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

Current Principal Place of Business:

1799 SALK AVENUE
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

1799 SALK AVENUE
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 59-3662507

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M ESQ.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPT () Delete
Name: TORRES, LUIS M.D.
Address: 34517 PARKVIEW AVE
City-St-Zip: EUSTIS, FL 32736

Title: DVS () Delete
Name: DE LEON, HECTOR M.D.
Address: 1799 SALK AVENUE
City-St-Zip: TAVARES, FL 32778

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LUIS TORRES

DPT

01/15/2007

Electronic Signature of Signing Officer or Director

Date