


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-08-2004 90030 020 ***150.00

DOCUMENT # P02000046953	
1. Entity Name ASSOCIATES IN PSYCHIATRIC MEDICINE, INC.	

Principal Place of Business 3900 COLONIAL BLVD, #3 FT MYERS FL 33912	Mailing Address 3900 COLONIAL BLVD, #3 FT MYERS FL 33912
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2. Principal Place of Business 3900 Colonial Blvd. Suite, Apt. #, etc. # 1	3. Mailing Address 3900 Colonial Blvd Suite, Apt. #, etc. # 1
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City & State ft. myers, fl	City & State ft. myers, fl
Zip 33912	Country Lee

4. FEI Number 61-1424609	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEVY, KIM ESQUIRE 2110 CLEVELAND AVE FT MYERS FL 33901
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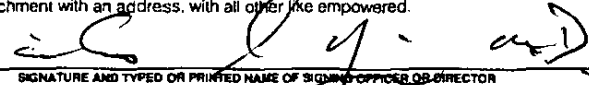
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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.
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SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)	DATE
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00. Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PIZARRO, CECILIO M.D. 3900 COLONIAL BLVD, #3 FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Pizarro, Cecilio M.D. 3900 Colonial Blvd # 1 ft. myers, fl 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT EDWARDS, JEFFREY ARNP 3900 COLONIAL BLVD, #3 FT MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT Edwards, Jeffrey, ARNP 3900 colonial Blvd # 1 ft. myers, fl 33912 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LAKAS, MARGARET- ARNP 3900 COLONIAL BLVD, #3 FT MYERS FL 33912 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Lawrence Zolman, LMHC 3900 colonial Blvd # 1 ft. myers, fl 33912 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE 4/19/04 Daytime Phone (239) 278-4394