

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Jan 31, 2006 08:00 AM

Secretary of State

PRID
CA# 2929



1st MOORE

CR2E034 (10/05)

DOCUMENT # P02000073177					
1. Entity Name WARREN PSYCHIATRIC SERVICES, P.A.					
Principal Place of Business 516 LAKEVIEW RD VILLA 9 CLEARWATER FL 33756			Mailing Address 516 LAKEVIEW RD VILLA 9 CLEARWATER FL 33756		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 01-0730642	
6. Name and Address of Current Registered Agent WARREN, CAROL M 516 LAKEVIEW RD VILLA 9 CLEARWATER FL 33756				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. SIGNATURE <u>Carol M. Warren</u> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARREN, GEORGE L 20 SUNSET BAY DR BELLEAIR FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000408155 02/08/06-80048-009 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 507, 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

1/24/06 727 298 833
Date Daytime Phone #