

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90072 049 ***150.00

DOCUMENT # P03000009027 1. Entity Name BREVARD PSYCHIATRY & PSYCHOLOGY, INC.			
Principal Place of Business 4163 SPARROW HAWK ROAD MELBOURNE FL 32934		Mailing Address 4163 SPARROW HAWK ROAD MELBOURNE FL 32934	
2. Principal Place of Business 197 Bougainvillea Drive Suite, Apt. #, etc. Suite A		3. Mailing Address P.O. Box 560619 Suite, Apt. #, etc.	
City & State Rockledge, FL.		City & State Rockledge, FL.	
Zip 32955		Zip 32956	
Country USA		Country USA	
4. FEI Number 270043964		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GONZALEZ-SOLTERO, JOSE 4163 SPARROW HAWK ROAD MELBOURNE FL 32934		7. Name and Address of New Registered Agent Name Brevard Psychiatry & Psychology Street Address (P.O. Box Number is Not Acceptable) 197 Bougainvillea DR. Suite A City Rockledge FL 32955	
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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating) DATE	
FILE NOW!!! FEE IS \$150.00 After May 11, 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE President - Treasurer <input type="checkbox"/> Delete NAME Jose Rafael Gonzalez, M.D. STREET ADDRESS 197 Bougainvillea DR., STE A CITY-ST-ZIP Rockledge, FL. 32955	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE Vice President - Secretary <input type="checkbox"/> Delete NAME Soel D. Shum, Psy.D. STREET ADDRESS 197 Bougainvillea DR. STE A CITY-ST-ZIP Rockledge, FL. 32955	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP		
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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:		Date 4/5/04 Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			