2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90130 047 ***150.00

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1. Entity Name
BREVARD PSYCHIATRY & PSYCHOLOGY, INC.

Principal Place of Business	Mailing Address
197 BOUGANVILLEA DR STE A ROCKLEDGE, FL 32955	P.O. BOX 560619 ROCKLEDGE, FL 32956

03172005 Chg-P CR2E034 (10/03)

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 27-0043964 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BREVARD PSYCHIATRY & PSYCHOLOGY 197 BOUGANVILLEA DR STE A ROCKLEDGE, FL 32955	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 ______ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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	PT	☐ Delete	TITLE	Pres. = P.	☒ Change ☐ Addition
NAME	RAFAEL GONZALEA, JOSE M.D.		NAME	Jose Rafael Gonzalez, M.D.	
STREET ADDRESS	197 BOUGAINVILLEA DR, STE A		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE	VPS	☒ Delete	TITLE		☐ Change ☐ Addition
NAME	SHUY POYD, JOEL D		NAME		
STREET ADDRESS	197 BOUGAINVILLEA DR, STE A		STREET ADDRESS		
CITY-ST-ZIP	ROCKLEDGE, FL 32955		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] 3/17/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #