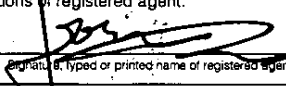
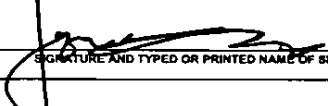


2006 FOR PROFIT CORPORATION ANNUAL REPORT

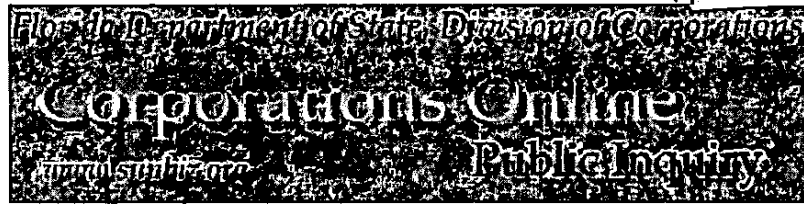
FILED
Aug 31, 2006 8:00 am
Secretary of State

08-31-2006 90003 035 ***150.00

DOCUMENT # P03000009027					
1. Entity Name BREVARD PSYCHIATRY & PSYCHOLOGY, INC.					
Principal Place of Business 197 BOUGANVILLEA DR STE A ROCKLEDGE, FL 32955			Mailing Address P.O. BOX 560619 ROCKLEDGE, FL 32956		
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 <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			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 8-16-06		
(NOTE: Registered Agent signature required when reinstating)			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006			9. Election Campaign Financing <input type="checkbox"/> \$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	P RAFAEL GONZALEA, JOSE M.D. 197 BOUGAINVILLEA DR, STE A ROCKLEDGE, FL 32955		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAFAEL-GONZALEZ, MD, JOSE 197 BOUGAINVILLEA DRIVE, SUITE A ROCKLEDGE, FL 32955	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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	
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 exemptions contained 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 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 8-16-06 Daytime Phone # 321-1636-6884		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

ATTACHMENT

40102261



Florida Profit

BREVARD PSYCHIATRY & PSYCHOLOGY, INC.

PRINCIPAL ADDRESS

197 BOUGANVILLEA DR

STE A

ROCKLEDGE FL 32955

Changed 04/09/2004

MAILING ADDRESS

P.O. BOX 560619

ROCKLEDGE FL 32956

Changed 04/09/2004

Document Number

P03000009027

FEI Number

270043964

Date Filed

01/24/2003

State

FL

Status

ACTIVE

Effective Date

01/24/2003

Registered Agent

Name & Address
BREVARD PSYCHIATRY & PSYCHOLOGY 197 BOUGANVILLEA DR STE A ROCKLEDGE FL 32955
Name Changed: 04/09/2004
Address Changed: 04/09/2004

Officer/Director Detail

Name & Address	Title
RAFAEL GONZALEA, JOSE M.D. 197 BOUGAINVILLEA DR, STE A ROCKLEDGE FL 32955	P

Annual Reports

ATTACHMENT

40102261
#P03002009027

Report Year	Filed Date
2004	04/09/2004
2005	04/12/2005

[Previous Filing](#)[Return to List](#)[Next Filing](#)

No Events
No Name History Information

Document Images

Listed below are the images available for this filing.

[04/12/2005 -- ANN REP/UNIFORM BUS REP](#)
[04/09/2004 -- ANN REP/UNIFORM BUS REP](#)
[01/24/2003 -- Domestic Profit](#)

THIS IS NOT OFFICIAL RECORD; SEE DOCUMENTS IF QUESTION OR CONFLICT

[Corporations Inquiry](#)

[Corporations Help](#)