


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 OCT 12 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000009027 1. Entity Name BREVARD PSYCHIATRY & PSYCHOLOGY, INC.	
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Principal Place of Business 197 BOUGAINVILLEA DR STE A ROCKLEDGE, FL 32955	Mailing Address P.O. BOX 560619 ROCKLEDGE, FL 32956
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07172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

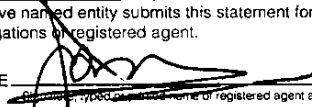
4. FEI Number 27-0043964	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent Jose Rafael Gonzalez, MD 197 BOUGAINVILLEA DR STE A 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 	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAFAEL-GONZALEZ, JOSE M.D. 197 BOUGAINVILLEA DR, STE A ROCKLEDGE, FL 32955
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300109661063 09/19/07--01049--021 **550.00
DO NOT WRITE IN THIS SPACE

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: 	9/18/07 Date	321-636-6884 Daytime Phone #
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