

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 045 ***150.00

DOCUMENT # P03000024709

1. Entity Name

ADVANCED CENTER FOR MENTAL HEALTH II, INC.



Principal Place of Business

928 GREENSWARD LANE
DELRAY BEACH FL 33445-9021

Mailing Address

928 GREENSWARD LANE
DELRAY BEACH FL 33445-9021

2. Principal Place of Business

551 N.W 77th St
Suite, Apt. #, etc.
SUITE 107
City & State
BOCA RATON
Zip
33487 Country
PALM BEACH

3. Mailing Address

3115 S. OCEAN BLVD
Suite, Apt. #, etc.
UNIT # 1104
City & State
HIGHLAND BEACH
Zip
33487 Country
PALM BEACH



MOORE

CR2E034 (11/03)

4. FEI Number

02-0678410

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PERLMAN, IRWIN S
928 GREENSWARD LANE
DELRAY BEACH FL 33445-9021

7. Name and Address of New Registered Agent

Name
IRWIN S. PERLMAN
Street address (P.O. Box Number is Not Acceptable)
3115 S. OCEAN BLVD
UNIT # 1104
City
HIGHLAND BEACH FL Zip Code
33487

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

Irwin S. Perlman IRWIN S. PERLMAN DIRECTOR 1.27.04
(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, PHYLLIS	
STREET ADDRESS	928 GREENSWARD LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445-9021	
TITLE	D	<input type="checkbox"/> Delete
NAME	PERLMAN, IRWIN S	
STREET ADDRESS	928 GREENSWARD LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445-9021	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCARLATTI, ROBERT M	
STREET ADDRESS	264 HIBISCUS AVE	
CITY-ST-ZIP	LAUDERDALE-BY-THE SEA FL 33308	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Irwin S. Perlman DIRECTOR 1.27.04 (561) 981-5220
Date Daytime Phone #