2005 FOR PROFIT CORPORATION

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Secretary of State 01-05-2005 90043 015 *** 50:00 WEST COAST PSYCHIATRY, P.A. Principal Prince of Bissiness 722 JHp Mailing Address 750 N. TAMAMAT TR 39/14/50 A FL 34236 750 N. TAMAMAT TR 39/14/50 A Stein 750 N. TAMAMAT TR 39/14/50 N. TAMAMAT TR 39/14/	ANNUA	L REPORT (AR)		– Apr 05, 2005 8:00 am	
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Mailing Address 722	WEST COAST PSYCHIATRY, I	P.A. DR		04-05-2005 90043 015 ***150.00	
2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 1st MOORE CR2EGS4 (10/04) Zip Country Zip Country Zip Country S. Cerificate of Slabus Depiced S8.75 Asiates Applied For No. Applie	Principal Place of Business 722	Mailing Address	1722 01	-	
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City & State Copy & State Copy & State Country Zip Country S. Certificate of Status Desired Sea. 75 Actional Price Required S	2. Principal Place of Business	3. Mailing Address	_//		
The Above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. I am familiar with, and accept the obligations of registered agent. Signal Application of registered agent.	Suite, Apt. #, etc.	Suite, Apt. #, etc.	//	1st MOORE CR2E034 (10/04)	
S. Name and Address of Current Regists/old Agent RETFALVI, PAUL F50 N. TAMIAMI F31 SARASOTA FL 34236 City FL Zip Code	City & State	City & State		11 2716696	
RETFALVI, PAUL 750 N. TAMIAMI SARASOTA FL 34236 8. The above named entity submits this stagment for the purpose of channeling its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE SIGNATURE STELE NOW!!! FEE: IS \$150.00; After May, 1; 2005 Fee Will Be \$550.00	Zip Country	Zip	Country	5. Certificate of Status Desired Fee Required	
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#31 SARASOTA FL 34236 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 Sometime, speed or private name or registered agent and the 6 speciation (INCTE Registered Agent organize mound when removining) DATE		Z*	Name		
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A SECTION OF THE PROPERTY OF A PROPERTY OF THE STATE OF THE PROPERTY OF THE CONTROL OF THE CONTR		polied with this filing does not qualify for the		Section 119.07(3)(i), Florida Statutes. I further certify that the information	

SIGNATURE: