


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90159 020 ***150.00

DOCUMENT # P03000081370					
1. Entity Name THE AMERICAN ASSOCIATION OF PSYCHIATRIC MEDICINE, INC.					
Principal Place of Business 4202 CLUBSIDE DRIVE LONGWOOD, FL 32779			Mailing Address 4202 CLUBSIDE DRIVE LONGWOOD, FL 32779		
2. Principal Place of Business 9730 Bear Lake Road Suite, Apt. #, etc.		3. Mailing Address 9730 Bear Lake Road Suite, Apt. #, etc.			
City & State Apopka, FL		City & State Apopka, FL		4. FEI Number 20-0110442	
Zip 32703		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KEISARI, DAVID MD 4202 CLUBSIDE DRIVE LONGWOOD, FL 32779			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9730 Bear Lake Road City Apopka FL 32703		
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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	D KEISARI, DAVID MD 4202 CLUBSIDE DRIVE LONGWOOD, FL 32779		TITLE NAME STREET ADDRESS CITY-ST-ZIP	XX Change <input type="checkbox"/> Addition 9730 Bear Lake Road Apopka, FL 32703	
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	
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 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: <i>David Keisari - President</i>			4/29/05 321 4388492		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		