

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000042060

FILED
Apr 25, 2005
Secretary of State

Entity Name: PARKWAY PSYCHIATRY AND FAMILY COUNSELING, P.A.

Current Principal Place of Business:

3160 HILLIARD COURT
MELBOURNE, FL 32934

New Principal Place of Business:

3040 N. WICKHAM RD.
SUITE 3
MELBOURNE, FL 32935

Current Mailing Address:

3160 HILLIARD COURT
MELBOURNE, FL 32934

New Mailing Address:

3040 N. WICKHAM RD.
SUITE 3
MELBOURNE, FL 32935

FEI Number: 20-0942059

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSHER, GARY MD
3160 HILLIARD COURT
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

MOSHER, GARY S MD
3160 HILLIARD COURT
MELBOURNE, FL 32934 US

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.

SIGNATURE: GARY S. MOSHER,MD

04/25/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MOSHER, GARY MD
Address: 3160 HILLIARD COURT
City-St-Zip: MELBOURNE, FL 32934

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MOSHER, GARY S MD
Address: 3160 HILLIARD COURT
City-St-Zip: MELBOURNE, FL 32934

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY S. MOSHER,MD

D

04/25/2005

Electronic Signature of Signing Officer or Director

Date