

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000059592

FILED
Jul 02, 2006
Secretary of State

Entity Name: PSYCHIATRIC & THERAPEUTIC CARE OF FLORIDA, INC.

Current Principal Place of Business:

561 S.E. 15TH STREET
POMPANO BEACH, FL 33060

New Principal Place of Business:

4741 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308

Current Mailing Address:

561 S.E. 15TH STREET
POMPANO BEACH, FL 33060

New Mailing Address:

P. O. BOX 1446
POMPANO BEACH, FL 33061

FEI Number: 22-3900179

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROCCO, AUGUSTINE
561 S.E. 15TH STREET
POMPANO BEACH, FL 33060 US

Name and Address of New Registered Agent:

CROCCO, AUGUSTINE
4741 BAYVIEW DRIVE
FORT LAUDERDALE, FL 33308 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: AUGUSTINE CROCCO

07/02/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CROCCO, AUGUSTINE
Address: 561 S.E. 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

Title: S/T () Delete
Name: CROCCO, AUGUSTINE
Address: 561 S.E. 15TH STREET
City-St-Zip: POMPANO BEACH, FL 33060

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CROCCO, AUGUSTINE
Address: 4741 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S/T (X) Change () Addition
Name: CROCCO, AUGUSTINE
Address: 4741 BAYVIEW DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: AUGUSTINE CROCCO

PRES

07/02/2006

Electronic Signature of Signing Officer or Director

Date