

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088830

**FILED**  
**Feb 08, 2006**  
**Secretary of State**

**Entity Name:** NEUROPSYCHIATRIC SOLUTIONS INSTITUTE, INC.

**Current Principal Place of Business:**

609 N.E. 14TH AVENUE, SUITE 401  
HALLANDALE, FL 33009

**New Principal Place of Business:**

2705 PARKVIEW DRIVE  
HALLANDALE, FL 33009

**Current Mailing Address:**

609 N.E. 14TH AVENUE, SUITE 401  
HALLANDALE, FL 33009

**New Mailing Address:**

2705 PARKVIEW DRIVE  
HALLANDALE, FL 33009

**FEI Number:** 34-1998796

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LAZAR, MARIOARA  
609 N.E. 14TH AVENUE, SUITE 401  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

LAZAR, MARIOARA  
2705 PARKVIEW DRIVE  
HALLANDALE, FL 33009 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:** MARIOARA LAZAR

02/08/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PDS ( ) Delete  
**Name:** LAZAR, MARIOARA  
**Address:** 609 N.E. 14TH AVENUE, SUITE 401  
**City-St-Zip:** HALLANDALE, FL 33009

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PDS (X) Change ( ) Addition  
**Name:** LAZAR, MARIOARA  
**Address:** 2705 PARKVIEW DRIVE  
**City-St-Zip:** HALLANDALE, FL 33009

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:** MARIOARA LAZAR

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02/08/2006

Electronic Signature of Signing Officer or Director

Date