2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2007
Secretary of State

DOCUMENT# P04000098191

Entity Name: ATLANTIC PSYCHOLOGICAL CENTER, P.C.

Current Principal Place of Business:

3111 UNIVERSITY DR SUITE 422
CORAL SPRINGS, FL 33065

New Principal Place of Business:

12514 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

Current Mailing Address:

3111 UNIVERSITY DR SUITE 422
CORAL SPRINGS, FL 33065

New Mailing Address:

12514 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

FEI Number: 20-1264240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORP DIRECT AGENTS INC
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DR. ( ) Delete
Name: MIGOYA MACCARRONE, JUDITH M
Address: 3111 UNIVERSITY DR SUITE 422
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DR. ( ) Delete
Name: MACCARRONE, NICHOLAS M
Address: 3111 UNIVERSITY DR SUITE 422
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MIGOYA MACCARRONE, JUDITH M
Address: 12514 WEST ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071

Title: DR. (X) Change ( ) Addition
Name: MACCARRONE, NICHOLAS M
Address: 12514 WEST ATLANTIC BLVD.
City-St-Zip: CORAL SPRINGS, FL 33071

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: JUDITH MIGOYA DR. 02/21/2007

Electronic Signature of Signing Officer or Director Date