2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008
Secretary of State

DOCUMENT# P04000098191

Entity Name: ATLANTIC PSYCHOLOGICAL CENTER, P.C.

Current Principal Place of Business:

12514 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

New Principal Place of Business:

7301 WILES ROAD
#106
CORAL SPRINGS, FL 33067

Current Mailing Address:

12514 WEST ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

New Mailing Address:

7301 WILES ROAD
#106
CORAL SPRINGS, FL 33067

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: MIGOYA MACCARRONE, JUDITH M
Address: 7301 WILES ROAD, #106
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DR. (X) Change ( ) Addition
Name: MACCARRONE, NICHOLAS M
Address: 7301 WILES ROAD, #106
City-St-Zip: CORAL SPRINGS, FL 33067

I hereby certify that the information supplied with this filing does not qualify 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. 07/07/2008

Electronic Signature of Signing Officer or Director Date