


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90102 032 ***150.00

DOCUMENT # P05000015678 1. Entity Name TARPON PSYCHIATRIC CENTER, P.A.					
Principal Place of Business 1501 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689			Mailing Address 1501 S. PINELLAS AVENUE TARPON SPRINGS, FL 34689		
2. Principal Place of Business Suite, Apt. #, etc. Suite K City & State			3. Mailing Address Suite, Apt. #, etc. Suite K City & State		
Zip 		Country		4. FEI Number 20-2264744	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TORRENCE, ALFRED W JR. 6645 RIDGE ROAD PORT RICHEY, FL 34668				7. Name and Address of New Registered Agent Name Irene A Nickolakis Street Address (P.O. Box Number is Not Acceptable) 1501 South Pinellas Avenue Suite K City Tarpon Springs FL Zip Code 34689	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>Irene A. Nickolakis, President</u> DATE <u>2/28/06</u> <small>Signature: typed printed name of registered agent and list of applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NICKOLAKIS, IRENE A 1501 S. PINELLAS AVENUE Suite K TARPON SPRINGS, FL 34689		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Irene A. Nickolakis</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>2/28/06</u> Daytime Phone # <u>938-0714</u>		

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