

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000048446

FILED
Mar 16, 2006
Secretary of State

Entity Name: ORLANDO PSYCHIATRIC ASSOCIATES INC

Current Principal Place of Business:

115 EAST LANCASTER ROAD
ORLANDO, FL 32809 US

New Principal Place of Business:

115 EAST LANCASTER ROAD
SUITE B
ORLANDO, FL 32809 US

Current Mailing Address:

115 EAST LANCASTER ROAD
ORLANDO, FL 32809 US

New Mailing Address:

115 EAST LANCASTER ROAD
SUITE B
ORLANDO, FL 32809 US

FEI Number: 35-2250904

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANDIMANDALAM, RAJU B DR
5765 CEDAR PINE DRIVE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

RAJU, BHASKAR N DR
5765 CEDAR PINE DRIVE
ORLANDO, FL 32819 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: BHASKAR N. RAJU

03/16/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NANDIMANDALAM, RAJU B DR
Address: 5765 CEDAR PINE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: RAJU, BHASKAR N DR
Address: 5765 CEDAR PINE DRIVE
City-St-Zip: ORLANDO, FL 32819 US

Title: CEO () Change (X) Addition
Name: RAJU, BHASKAR N DR
Address: 5765 CEDAR PINE DRIVE
City-St-Zip: ORLANDO, FL 32809 US

Title: VP () Change (X) Addition
Name: RAJU, PATTY
Address: 5765 CEDAR PINE DRIVE
City-St-Zip: ORLANDO, FL 32809 US

Title: D () Change (X) Addition
Name: RAJU, BHASKAR N DR
Address: 5765 CEDAR PINE DRIVE
City-St-Zip: ORLANDO, FL 32809 US

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: BHASKAR N. RAJU

P

03/16/2006

Electronic Signature of Signing Officer or Director

Date