


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

*Page 1012*

**FILED**  
**07 JUL 25 PM 3:13**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

<b>DOCUMENT # P06000118717</b>	
<b>1. Entity Name</b> <b>ATLAS BEHAVIORAL HEALTH PA</b>	

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> <b>124 BELLEAIRE DRIVE</b> <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> <b>124 BELLEAIRE DRIVE</b> <small>Suite, Apt. #, etc.</small>	
<b>City &amp; State</b> <b>PALM COAST, FL</b>	<b>City &amp; State</b> <b>PALM COAST, FL</b>	<b>4. FEI Number</b> <b>20-5544598</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>
<b>Zip</b> <b>32137</b>	<b>Country</b>	<b>Zip</b> <b>32137</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<b>Name</b> <b>KATHLEEN A VACCHELLI</b>	
	<b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>124 BELLEAIRE DRIVE</b>	
	<b>City</b> <b>PALM COAST</b>	<b>FL</b> <b>Zip Code</b> <b>32137</b>

**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:** *Kathleen Vacchelli* *July 14, 2007*

<b>January 1 - May 1, Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>KATHLEEN A VACCHELLI, PRES</b> <b>124 BELLEAIRE DRIVE</b> <b>PALM COAST FL 32137</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>500107465145</b> <b>09/07/07--01054--005 **158.75</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<i>B. Maslon</i>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(h), 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 on an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Kathleen Vacchelli* *July 19, 2007*

CR2E034B (12/02)

page 2 of 2

**Atlas Behavioral Health PA**

**West Point Plaza**  
4865 Palm Coast Plaza, NW #4  
Palm Coast, FL 32137  
Tel: (386) 446-5494  
Fax: (386) 447-1357

July 20, 2007

Division of Corporations  
P.O. Box 8800  
Tallahassee, FL 32314

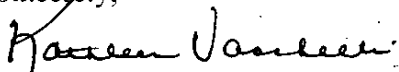
Dear Sir,

Please find enclosed a copy of the Annual Report of Atlas Behavioral Health P.A. We recently received a Notice of Intent to Dissolve in the mail. We are a new company and had not received other correspondence regarding the annual report. When we inquired about this we were told that it had to be filed after the completion of the first year.

I am sorry for the miscommunication and I hope that you will accept the original filing fee as full payment at this time.

Thank you for your assistance in this matter. All future reports will be completed before May of each year.

Sincerely,



Kathleen Vacchelli, MS, ARNP  
Board Certified.

(encl.) check  
UBR