

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037331

FILED
Feb 17, 2004
Secretary of State

Entity Name: PSYCHIATRIC ASSOCIATES OF PEMBROKE PINES, P.A.

Current Principal Place of Business:

5751 SW 8TH CT
PLANTATION, FL 33317 US

New Principal Place of Business:

11601 NW 6TH PLACE
PLANTATION, FL 33325 US

Current Mailing Address:

5751 SW 8TH CT.
PLANTATION, FL 33317 US

New Mailing Address:

11601 NW 6TH PLACE.
PLANTATION, FL 33325 US

FEI Number: 65-0415812

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG-AZAN, STEPHANIE
5751 SW 8TH CT.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

YOUNG-AZAN, STEPHANIE
11601 NW 6TH PLACE
PLANTATION, FL 33325 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:

02/17/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: YOUNG-AZAN, STEPHANIE
Address: 5751 SW 8TH CT.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: YOUNG-AZAN, STEPHANIE
Address: 11601 NW 6TH PLACE
City-St-Zip: PLANTATION, FL 33325

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEPHANIE YOUNG-AZAN

PSTD

02/17/2004

Electronic Signature of Signing Officer or Director

Date