2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2005 8:00 am
Secretary of State
01-25-2005 90030 011 ***150.00

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1. Entity Name
CENTRAL FLORIDA PSYCHIATRIC ASSOCIATES, P.A.

66003659

Principal Place of Business	Mailing Address
2802 ALOMA AVE. STE 200 WINTER PARK, FL 32792	2802 ALOMA AVE. STE 200 WINTER PARK, FL 32792

01072005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3209478
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LOZANO, MARIA J
2802 ALOMA AVE.
WINTER PARK, FL 32792

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	LOZANO, MARIA J
STREET ADDRESS	2802 ALAMA AVENUE SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	DP
NAME	MARTINEZ, RAMON J
STREET ADDRESS	2802 ALOMA AVENUE SUITE 200
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify 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 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: M Lozano 2/23/05 (407)679-8004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #