

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000068319

1. Entity Name
PSYCHIATRIC AND BEHAVIORAL MANAGEMENT, P.A.



Principal Place of Business
**4190 BELFORT RD
SUITE 140
JACKSONVILLE FL 32216
US**

Mailing Address
**4190 BELFORT RD
SUITE 140
JACKSONVILLE FL 32216
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **59-3272150** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**STAN, ROBERT
12 SOUTH SIXTH STREET
FERNARDINE BEACH FL 32034**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$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 TORRELLAS, CARLOS MD 4190 BELFORT RD STE 140 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add 100000448155 03/09/06 80002-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TORRELLAS, STACY 4190 BELFORT RD STE 140 JACKSONVILLE FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Carlos Torrellas, MD **02/23/06 904-296-6882**