

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 01, 2007 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 - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May ☐ 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 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition U00000616590 02/07/07-80034-007 158.75
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ST TORRELLAS, STACY 4190 BELFORT RD. STE. 140 JACKSONVILLE FL 32216 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like employees.

SIGNATURE:  **Carlos Torrellas, MD** **1-30-2007** **904-296-6888**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #