

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

P95000041674

DOCUMENT # P95000041674	
1. Entity Name MENTAL HEALTH ASSOCIATES OF THE PALM BEACHES, INC.	



FILED  
CLERK OF THE SUPREME COURT  
DIVISION OF CORPORATIONS

04 APR 19 PM 2:13  
3/5/04 9 0016 047 #150.00

66409087



MOORE CR2E034 (11/03)

Principal Place of Business 2617 N FLAGLER DR SUITE #302 W. PALM BEACH FL 33407 US	Mailing Address 2617 N FLAGLER DR SUITE #302 W. PALM BEACH FL 33407 US
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2. Principal Place of Business 2617 N Flagler Drive Suite, Apt. #, etc. 302	3. Mailing Address Same Suite, Apt. #, etc.
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City & State WPPB, FLA	City & State
Zip 33407	Country USA

4. FEI Number 65-0597294	Applied For Not Applicable
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6. Name and Address of Current Registered Agent BRODY, ROBERT 1601 FORUM PL SUITE 304 WEST PALM BEACH FL 33401	
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7. Name and Address of New Registered Agent Nan Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SCHWARZ, HAROLD P 2617 N. FLAGLER DR, #302 W. PALM BEACH FL 33407 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Harold P. Schwarz 3/2/04 659-7212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone