2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# P95000041674

Entity Name: MENTAL HEALTH ASSOCIATES OF THE PALM BEACHES, INC.

Current Principal Place of Business:

2617 N FLAGLER DRIVE
SUITE #302
W. PALM BEACH, FL 33407 US

New Principal Place of Business:

Current Mailing Address:

2617 N FLAGLER DRIVE
SUITE #302
W. PALM BEACH, FL 33407 US

New Mailing Address:

FEI Number: 65-0597294 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BRODY, ROBERT
1601 FORUM PL
SUITE 304
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete
Name: SCHWARZ, HAROLD P
Address: 2617 N. FLAGLER DR, #302
City-St-Zip: W. PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: HAROLD P. SCHWARZ DPST 04/24/2006

Electronic Signature of Signing Officer or Director Date