


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000076859	
1. Entity Name INSTITUTE OF AMBULATORY BEHAVIORAL SERVICES, INC.	

Principal Place of Business 590 W 20 STREET HIALEAH, FL 33010	Mailing Address 590 W 20 STREET HIALEAH, FL 33010
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01062006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0610465	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRACERAS, WILFRED
590 WEST 20TH STREET
HIALEAH, FL 33010

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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, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD BRACERAS, WILFRED 590 WEST 20TH STREET HIALEAH, FL
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04/29/06-80163-010 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Wilfred Braceras **PRESIDENT** 04/12/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #