

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000079708

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** BOCA PSYCHIATRIC ASSOCIATES, P.A.

**Current Principal Place of Business:**

2600 N. MILITARY TRL  
#215  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2600 N. MILITARY TRL  
#215  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 65-0621882

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAVICA, CAROL  
2600 N. MILITARY TRL, STE 215  
BOCA RATON, FL 33431 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MAVICA, JOSEPH M  
Address: 18269 FRESH LAKE WAY  
City-St-Zip: BOCA RATON, FL 33498

Title: VP  
Name: MAVICA, CAROL B  
Address: 18269 FRESH LAKE WAY  
City-St-Zip: BOCA RATON, FL 33498

I hereby 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 all other like empowered.

SIGNATURE: CAROL MAVICA

VP

04/27/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date