

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90060 011 ***150.00

DOCUMENT # P95000083051

1. Entity Name
FLORIDA NEUROPSYCHIATRIC INSTITUTE, INC.



Principal Place of Business
1777 SOUTH ANDREWS AVENUE
SUITE 203
FT LAUDERDALE, FL 33316 US

Mailing Address
1777 SOUTH ANDREWS AVENUE
SUITE 203
FT LAUDERDALE, FL 33316 US

40020643

2. Principal Place of Business
420 NE 3rd Street
Suite, Apt. #, etc.

3. Mailing Address
420 NE 3rd Street
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33301
Country

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Ft. Lauderdale, FL
Zip
33301
Country



02082005 Chg-P CR2E034 (10/03)

4. FEI Number
65-0636748

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
STOJANOVIC, BRANISLAV
1777 SOUTH ANDREWS AVENUE
SUITE 203
FT LAUDERDALE, FL 33316

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
420 NE 3rd Street
City
Ft. Lauderdale FL Zip Code
33301

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STOJANOVIC, BRANISLAV 1777 S ANDREWS AVENUE, STE 203 FT LAUDERDALE, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	420 NE 3rd St Ft. Lauderdale, FL 33301-1140 <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 another like empowered.

SIGNATURE: [Signature] 2/14/05 954525 203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #