

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000055074

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Entity Name:** A & M PSYCHIATRIC SERVICES, P.A.

**Current Principal Place of Business:**

1938 SOULE RD.  
CLEARWATER, FL 33759

**New Principal Place of Business:**

**Current Mailing Address:**

3111 TIFFANY DRIVE  
BELLEAIR BEACH, FL 33786

**New Mailing Address:**

1938 SOULE RD.  
CLEARWATER, FL 33759

**FEI Number:** 59-3394760

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ADAN, JOSEPH I  
1938 SOULE RD.  
CLEARWATER, FL 33759 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:** PDST  
**Name:** ADAN, JOSEPH I  
**Address:** 1938 SOULE RD.  
**City-St-Zip:** CLEARWATER, FL 33759

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:** JOSEPH I. ADAN

PRES

04/01/2010

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

\_\_\_\_\_  
Date