
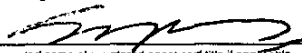



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90027 045 ***150.00

DOCUMENT # P96000065814 1. Entity Name SABAS PSYCHIATRIC CONSULTANTS, INC.					
Principal Place of Business 8720 N KENDALL DR SUITE 215 MIAMI, FL 33176 US			Mailing Address PO BX 830426 MIAMI, FL 33283-0426 US		
2. Principal Place of Business 10651 North Kendall Drive		3. Mailing Address Suite, Apt. #, etc. Suite 205			
City & State Miami, FL		City & State City & State		4. FEI Number 65-0695737	
Zip 33176		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SABAS, MARILU MD 8720 N KENDALL DR STE 215 MIAMI, FL 33176			7. Name and Address of New Registered Agent Name SABAS, MARILU MD Street Address (P.O. Box Number is Not Acceptable) 10651 NORTH KENDALL DRIVE, STE. 205 City MIAMI FL Zip Code 33176		
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: 2-15-2006 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P SABAS, MARILU 10101 SW 80 STREET MIAMI, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 			Date: 2-15-2006 <small>Daytime Phone #</small>		