



FILED
Apr 16, 2005 08:00 AM
Secretary of State

P97000003518		Apr 16, 2005 08:00 Secretary of State	
1. Entity Name PSYCHIATRY AND PSYCHOTHERAPY ASSOCIATES, CORP.			
Principal Place of Business 10225 ULMERTON ROAD SUITE 8-B LARGO, FL 33771		Mailing Address 10225 ULMERTON ROAD SUITE 8-B LARGO, FL 33771	
DO NOT WRITE IN THIS SPACE			
		04122005 00000000000000000000	
		4. FEI Number 59-3420152 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75		00000000000000000000	
6. Name and Address of Current Registered Agent GIBSON, ANGELA 10225 ULMERTON ROAD SUITE 8-B LARGO, FL 33771		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent's signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00	
10. OFFICERS AND DIRECTORS		000000310052 04/16/05-80062-004 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D GIBSON, ANGELA 10225 ULMERTON ROAD, SUITE 8-B LARGO, FL 33771		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP D MOREL, MARY 10225 ULMERTON ROAD, SUITE 8-B LARGO, FL 33771			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date 4-12-05 2275860634 Daytime Phone #	