


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000040154 1. Entity Name ASSOCIATES FOR BEHAVIORAL MEDICINE, P.A.	
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Principal Place of Business 14437 BRUCE B DOWNS BLVD. TAMPA, FL 33613	Mailing Address 14437 BRUCE B DOWNS BLVD. TAMPA, FL 33613
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3444391	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent

BARNETT, DEBRA M M.D.
3607 CINNAMON TRACE DRIVE
VALRICO, FL 33594

**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 Debra Barnett MD DEBRA BARNETT MD 4/18/05
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

1100000320189
04/21/05-80028-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNETT, DEBRA M M.D. 14437 BRUCE B DOWNS BLVD TAMPA, FL 33613
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IN THIS SPACE**

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 all other like empowered.

SIGNATURE: Debra Barnett MD DEBRA BARNETT MD 4/18/05 8139727946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #