

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000040154

FILED
Apr 30, 2009
Secretary of State

Entity Name: ASSOCIATES FOR BEHAVIORAL MEDICINE, P.A.

Current Principal Place of Business:

14437 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

New Principal Place of Business:

14437 UNIVERSITY COVE PLACE
TAMPA, FL 33613

Current Mailing Address:

14437 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

New Mailing Address:

14437 UNIVERSITY COVE PLACE
TAMPA, FL 33613

FEI Number: 59-3444391

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BARNETT, DEBRA M M.D.
3607 CINNAMON TRACE DRIVE
VALRICO, FL 33596 US

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:

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BARNETT, DEBRA M M.D.
Address: 14437 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: BARNETT, DEBRA M M.D.
Address: 14437 UNIVERSITY COVE PLACE
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DEBRA M. BARNETT, MD

D

04/30/2009

Electronic Signature of Signing Officer or Director

Date