# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 04, 2011**
**Secretary of State**

DOCUMENT# P97000090065

**Entity Name:** SEABREEZE BEHAVIORAL MEDICINE, P.A.

**Current Principal Place of Business:**

3191 HARBOR BLVD.
SUITE # A
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

161 SANTAREM CIRCLE
PUNTA GORDA, FL 33983

**New Mailing Address:**

**FEI Number: 65-0788080** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ARIAS, BERNARDO J MD
3191 HARBOR BLVD STE A
PORT CHARLOTTE, FL 33952 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

**OFFICERS AND DIRECTORS:**

Title: OWNE
Name: ARIAS, BERNARDO J MD
Address: 161 SANTAREM CIRCLE
City-St-Zip: PUNTA GORDA, FL 33983

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: BERNARDO J ARIAS OWNE 04/04/2011

Electronic Signature of Signing Officer or Director — Date