2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000089791

1. Entity Name
ADVANTAGE BEHAVIORAL HEALTH, P.A.

Principal Place of Business	Mailing Address
1938 SOULE ROAD CLEARWATER, FL 33759	1938 SOULE ROAD CLEARWATER, FL 33759

DO NOT WRITE IN THIS SPACE

04222004 No Chg-P CR2E034 (10/93)

4. FEI Number
59-3529001
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ROSEN, BOB
1938 SOULE ROAD
CLEARWATER, FL 33759

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 _____ DATE
Signature, agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required where indicated)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ADAN, JOE M.D.
STREET ADDRESS	1938 SOULE ROAD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	MORALES, ALICE M.D.
STREET ADDRESS	1938 SOULE ROAD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	ROSEN, BOB PH.D.
STREET ADDRESS	1938 SOULE ROAD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	DUGUAY, MONIQUE LCSW
STREET ADDRESS	1938 SOULE ROAD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	D
NAME	WASENDA, JIM LMHC
STREET ADDRESS	938 SOULE ROAD
CITY-ST-ZIP	CLEARWATER, FL 33759
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000143228
04/30/04-80083-006 150.00

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 reports 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: no Joe Adan MD 4/27/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone Number

727-726-7442