

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

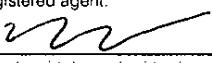
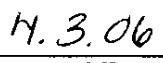
DOCUMENT # P98000094948	
1. Entity Name EMERGENT CARE PSYCHOLOGISTS, P.A.	

Principal Place of Business 100 FIRST AVENUE SOUTH SUITE 540 SAINT PETERSBURG, FL 33701 US	Mailing Address PO BOX 14953 CLEARWATER, FL 33766 US
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FUTCH, EMILY J PH.D 7185 72ND STREET NORTH PINELLAS PARK, FL 33781	DO NOT WRITE IN THIS SPACE
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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  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 

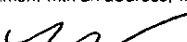
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	SLONE, SHERMAN C
STREET ADDRESS	2711 REDFORD CT. E
CITY-ST-ZIP	CLEARWATER, FL 337611728
TITLE	D
NAME	FUTCH, EMILY J
STREET ADDRESS	7185 72ND STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33781
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Daytime Phone #

FILED

06 APR 28 PM 3:48

FLORIDA STATE
TALLAHASSEE, FLORIDA



04/20/06 90191 006 \$150.00
04192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3542310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	