


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90088 043 ***150.00

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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60008982



2. Principal Place of Business - No P.O. Box # 5046 73rd Avenue Suite, Apt. #, etc	3. Mailing Address 5046 73rd Ave Suite, Apt. #, etc
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01242007 Chg-P CR2E034 (12/06)

City & State Pinellas Park FL	City & State Pinellas Park FL
Zip 33781	Country Pinellas

4. FEI Number 59-3542310	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FUTCH, EMILY J PH.D 7185 72ND STREET NORTH PINELLAS PARK, FL 33781	
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7. Name and Address of New Registered Agent Name Emily J Futch, PhD Street Address (P.O. Box Number is Not Acceptable) 7185 72nd St N City Pinellas Park FL Zip Code 33781	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SLONE, SHERMAN C 2711 REDFORD CT. E CLEARWATER, FL 337611728 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FUTCH, EMILY J 7185 72ND STREET NORTH PINELLAS PARK, FL 33781 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Emily J Futch 1/29/07 727 541 5436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #