

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000012914

FILED
Apr 22, 2009
Secretary of State

Entity Name: ADVANCED BEHAVIORAL NETWORK, P.A.

Current Principal Place of Business:

147 ALHAMBRA CIRCLE
SUITE 205
CORAL GABLES, FL 33134

New Principal Place of Business:

250 CATALONIA AVE,
SUITE 807
CORAL GABLES, FL 33134

Current Mailing Address:

147 ALHAMBRA CIRCLE
SUITE 205
CORAL GABLES, FL 33134

New Mailing Address:

250 CATALONIA AVE
SUITE 807
CORAL GABLES, FL 33134

FEI Number: 65-0893590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONDRA, MARIA P DR
147 ALHAMBRA CIRCLE
SUITE 205
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

GONDRA, MARIA P DR
250 CATALONIA AVE
SUITE 807
CORAL GABLES, FL 33134 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: MARIA P. GONDRA, PSYD, LMHC

04/22/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVT () Delete
Name: GONDRA, MARIA P
Address: 147 ALHAMBRA CIRCLE,STE.205
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVT (X) Change () Addition
Name: GONDRA, MARIA P
Address: 250 CATALONIA AVE
City-St-Zip: CORAL GABLES, FL 33134

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: MARIA P GONDRA

DR

04/22/2009

Electronic Signature of Signing Officer or Director

Date