

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P99000086719

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** BEHAVIORAL MEDICINE ASSOCIATES OF SOUTHWEST FLORIDA, P.A.

**Current Principal Place of Business:**

700 SECOND AVE NORTH  
302  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

700 SECOND AVE N  
#302  
NAPLES, FL 34102

**New Mailing Address:**

700 SECOND AVE NORTH  
302  
NAPLES, FL 34102

**FEI Number:** 59-3600854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FABACHER, JEFFREY E MD  
700 SECOND AVE NORTH  
302  
NAPLES, FL 34102 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: DR  
Name: FABACHER, JEFFREY E  
Address: 700 SECOND AVE NORTH #302  
City-St-Zip: NAPLES, FL 34102

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: JEFFREY E FABACHER

PRES

03/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date