

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # S10096

1. Entity Name
**MONROSE CLINIC, ASSOCIATES FOR PSYCHOLOGICAL
MEDICINE, P.A.**



Principal Place of Business
1545 HUFFINGHAM RD
STE 104
JACKSONVILLE, FL 32216 US

Mailing Address
1545 HUFFINGHAM RD
STE 104
JACKSONVILLE, FL 32216 US



03092005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3033202 Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C.
2301 INDEPENDENT SQ.
JACKSONVILLE, FL 32202**

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SP
SHAH, ATUL, M.D.
6652 EPPING FOREST WAY, N
JACKSONVILLE, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

1000000301302
04/13/05-80024-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

ATUL SHAH 4/11/05