

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2004 08:00 AM
Secretary of State

DOCUMENT # S61068 1. Entity Name HUGHES FAMILY PSYCHIATRY CENTER, P.A.	
--	---

Principal Place of Business 2801 PONCE DE LEON BLVD #380 CORAL GABLES, FL 33134 US	Mailing Address 2801 PONCE DE LEON BLVD #380 CORAL GABLES, FL 33134 US
---	---



01142004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0274759	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

PINCHASIK, MARK
PINCHASIK, STRONGIN ET AL
3225 AVIATION AVE., STE. 500
MIAMI, FL 33133

**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 Michael C. Hughes, MD. President 5689998 1/22/04
Signature typed or printed name of registered agent and title if applicable. (10/03) Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	DPS HUGHES, MICHAEL 2801 PONCE DE LEON BLVD #380 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HUGHES, MICHAEL 2801 PONCE DE LEON BLVD #380 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000013072
01/26/04-80039-002 150.00

**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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Hughes MD 1/22/04 5689998
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #