

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2006 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**

DO NOT WRITE IN THIS SPACE



02222006 No Chg-F CR2E034 (11/05)

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

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, 2006 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**

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03/09/06-80073-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

Michael C. Hughes, MD **2/23/06** **305 5699998**