

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S61068

FILED
Jan 08, 2007
Secretary of State

Entity Name: HUGHES FAMILY PSYCHIATRY CENTER, P.A.

Current Principal Place of Business:

2801 PONCE DE LEON BLVD
#380
CORAL GABLES, FL 33134 US

Current Mailing Address:

2801 PONCE DE LEON BLVD
#380
CORAL GABLES, FL 33134 US

New Principal Place of Business:

2701 SOUTH BAYSHORE DRIVE
#310
MIAMI, FL 33133 US

New Mailing Address:

2701 SOUTH BAYSHORE DRIVE
#310
MIAMI, FL 33133 US

FEI Number: 65-0274759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPS () Delete
Name: HUGHES, MICHAEL,
Address: 2801 PONCE DE LEON BLVD #380
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: HUGHES, MICHAEL
Address: 2801 PONCE DE LEON BLVD #380
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: HUGHES, MICHAEL,
Address: 2701 SOUTH BAYSHORE DRIVE, #310
City-St-Zip: MIAMI, FL 33133

Title: T (X) Change () Addition
Name: HUGHES, MICHAEL
Address: 2701 SOUTH BAYSHORE DRIVE
City-St-Zip: MIAMI, FL 33133

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL HUGHES

DPS

01/08/2007

Electronic Signature of Signing Officer or Director

Date