2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S94946

FILED Nov 15, 2006 Secretary of State

Entity Name: PEMBROKE PAVILION PSYCHIATRIC ASSOCIATES, INC.

Current Principal Place of Business:	New Principal Place of Business:
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1000 N. HIATUS RD.

STE 160

PEMBROKE PINES, FL 33026 US

New Mailing Address: Current Mailing Address:

1000 N. HIATUS RD. STE 160

PEMBROKE PINES, FL 33026 US

FEI Number: 65-0310308 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ABRAHAM FLEMENBAUM, M.D. 1000 N. HIATUS ROAD SUITE 160

PENBROKE PINES, FL 33026 US

ABRAHAM FLEMENBAUM, M.D. 1000 N. HIATUS ROAD SUITE 160

PEMBROKE PINES, FL 33026 US

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: ABRAHAM FLEMENBAUM 11/15/2006

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition () Delete

FLEMENBAUM, A. M.D., Name: Name: 1000 N. HIATUS RD., #160 Address: Address: City-St-Zip: PEMBROKE PINES, FL 33026 City-St-Zip:

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: ABRAHAM FLEMENBAUM 11/15/2006 DR