2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 04, 2005 8:00 am
Secretary of State
03-03-2005 90182 024 ***150.00

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02272005 Chg-P CR2E034 (10/03)

DOCUMENT # V48038

1. Entity Name
ACCESS BEHAVIORAL CARE ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
7232 SAND LAKE ROAD SUITE #302 ORLANDO, FL 32819-5255 US	8587 BANYAN BLVD ORLANDO, FL 32819 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number: 59-3130957 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
AUSTIN, WILLIAM W.
7252 SAND LAKE ROAD
SUITE 302
ORLANDO, FL 32819-5255

7. Name and Address of New Registered Agent
Name: AUSTIN, WILLIAM W.
Street Address (P.O. Box Number is Not Acceptable): 7232 SAND LAKE ROAD
SUITE 302
City: ORLANDO FL Zip Code: 32819

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: William W Austin PsyD DATE: 2/28/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D AUSTIN, WILLIAM W. 8587 BANYAN BLVD ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST AUSTIN, WILLIAM W. 8587 BANYAN BLVD ORLANDO, FL 32819	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: William W Austin PsyD WILLIAM W AUSTIN, PSY.D. 3/31/05 407-370-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #