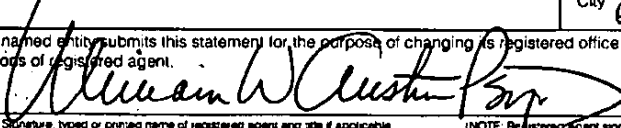
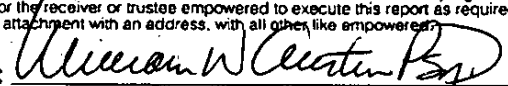


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2005 8:00 am
Secretary of State

03-03-2005 90182 024 ***150.00

DOCUMENT # V48038 1. Entity Name ACCESS BEHAVIORAL CARE ASSOCIATES, P.A.					
Principal Place of Business 7232 SAND LAKE ROAD SUITE #302 ORLANDO, FL 32819-5255 US			Mailing Address 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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
AUSTIN, WILLIAM W. 7252 SAND LAKE ROAD SUITE 302 ORLANDO, FL 32819-5255				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  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	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AUSTIN, WILLIAM W.		NAME		
STREET ADDRESS	8587 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE	PST	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	AUSTIN, WILLIAM W.		NAME		
STREET ADDRESS	8587 BANYAN BLVD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32819		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 empowerment.					
SIGNATURE: 			WILLIAM W AUSTIN, Psy.D. 3/31/05 Date Daytime Phone #		

66008488



02272005 Chg-P CR2E034 (10/03)

FL Zip Code 32819

2/28/05

407-370-2588