2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State
05-11-2006 90239 004 ***550.00

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

05072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
6000 TURKEY LAKE ROAD			
Suite, Apt. #, etc.: SUITE #211		Suite, Apt. #, etc.	
City & State: ORLANDO, FL		City & State	
Zip: 32819-4426	Country: US	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.
7232 SAND LAKE ROAD
SUITE 302
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable): 6000 TURKEY LAKE ROAD
SUITE 211
City ORLANDO FL Zip Code 32819-4426

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 5/8/2006
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

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 6000 TURKEY LAKE ROAD, SUITE 211 ORLANDO, FL 32819-4426
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 6000 TURKEY LAKE ROAD, SUITE 211 ORLANDO, FL 32819-4426
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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 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 all other like empowered.

SIGNATURE: William W Austin PsyD WILLIAM W AUSTIN PSY.D. 5/8/2006 407-370-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #