2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2007 08:00 A
Secretary of State

DOCUMENT # V48038

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

Principal Place of Business	Mailing Address
6000 TURKEY LAKE RD STE 211 ORLANDO, FL 32819-4426 US	8587 BANYAN BLVD ORLANDO, FL 32819 US

01152007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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.
6000 TURKEY LAKE RD
STE 211
ORLANDO, FL 32819

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	AUSTIN, WILLIAM W.
STREET ADDRESS	6000 TURKEY LAKE RD STE 211
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	PST
NAME	AUSTIN, WILLIAM W.
STREET ADDRESS	6000 TURKEY LAKE RD STE 211
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/25/07-80049-014 150.00

DO NOT WRITE IN THIS SPACE

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 WILLIAM W. AUSTIN 4/30/07 407-370-2588
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #