

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000011341

Entity Name: AMERICAN COLLEGE OF PSYCHIATRY INC.

Current Principal Place of Business:

MOUNT ZION 14166
14166
JERUSALEM, 91411100

Current Mailing Address:

MOUNT ZION 14166
14166
JERUSALEM, 91411100 IL

FEI Number: 81-2236507

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RODRIGUES, ANDRES SR.
150 SE 2ND AVENUE
1110
MIAMI, FL 33131 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name ZIGMUND, COHEN ZIEGLER DR.
Address MOUNT ZION 14166
14166
City-State-Zip: JERUSALEM 91411100

Title VP,
Name COHEN, ROBERTO DR.
Address MOUNT ZION 14166
City-State-Zip: JERUSALEM IL 91114-1

Title DR.
Name ZIEGLER, BERNICE DR.
Address MOUNT ZION 14166
City-State-Zip: JERUSALEM 91411100

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DR. ZIGMUND ZIEGLER COHEN

PRESIDENT

04/06/2017

Electronic Signature of Signing Officer/Director Detail

Date