

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000064738

Entity Name: ADVANCED BEHAVIORAL HEALTH CENTER, P.A.

Current Principal Place of Business:

1799 SALK AVENUE
TAVARES, FL 32778

Current Mailing Address:

1799 SALK AVENUE
TAVARES, FL 32778 US

FEI Number: 59-3662507

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN MESQ.
430 NORTH MILLS AVENUE
ORLANDO, FL 32803 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 DPT
Name TORRES, LUIS M.D.
Address 2022 CASTELLI BLVD
City-State-Zip: MOUNT DORA FL 32757

Title DVS
Name DE LEON, HECTOR M.D.
Address 1799 SALK AVENUE
City-State-Zip: TAVARES FL 32778

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

SIGNATURE: LUIS TORRES

PRESIDENT

04/15/2013

Electronic Signature of Signing Officer/Director Detail

Date