

**2016 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:**

TORRES, LUIS  
1799 SALK AVENUE  
TAVARES, FL 32778 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:** LUIS TORRES

04/14/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	DPT	Title	DVS
Name	TORRES, LUIS M.D.	Name	DE LEON, HECTOR M.D.
Address	2022 CASTELLI BLVD	Address	1799 SALK AVENUE
City-State-Zip:	MOUNT DORA FL 32757	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

MD

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date