

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000100056

Entity Name: EVEREST HEALTHCARE CORPORATION

Current Principal Place of Business:

EVEREST HEALTHCARE CORPORATION C/O RA INC
3030 N. ROCKY POINT DRIVE SUITE 150A
TAMPA, FL 33607

Current Mailing Address:

EVEREST HEALTHCARE CORPORATION C/O RA INC
3030 N. ROCKY POINT DRIVE SUITE 150A
TAMPA, FL 33607 US

FEI Number: 30-0963632

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC.
REGISTERED AGENTS INC.
3030 N. ROCKY POINT DRIVE SUITE 150A
FORT MYERS, FL 33607 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: BILL HAVRE

05/15/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D, P
Name KHAN, AKBAR
Address EVEREST HEALTHCARE
CORPORATION C/O RA INC
3030 N. ROCKY POINT DRIVE SUITE
150A
City-State-Zip: TAMPA FL 33607

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: AKBAR KHAN

PRESIDENT

05/15/2017

Electronic Signature of Signing Officer/Director Detail

Date