

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000025098

**Entity Name:** ACADIA PSYCHOLOGICAL SERVICES, P.A.

**Current Principal Place of Business:**

7301 WEST PALMETTO PARK ROAD  
SUITE 204A  
BOCA RATON, FL 33433

**Current Mailing Address:**

7301 WEST PALMETTO PARK ROAD  
SUITE 204A  
BOCA RATON, FL 33433

**FEI Number:** 65-0657525

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MILLER, SHARON LPH.D.  
7301 WEST PALMETTO PARK ROAD  
SUITE 204A  
BOCA RATON, FL 33433 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 DR.  
Name MILLER, SHARON LPH.D.  
Address 21724 WAPFORD WAY  
City-State-Zip: BOCA RATON FL 33486

*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:** SHARON LYNN MILLER

**PRESIDENT**

**03/04/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date