

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J07700

FILED  
Mar 31, 2011  
Secretary of State

**Entity Name:** AFFILIATED HEALTH PSYCHOLOGISTS, P.A.

**Current Principal Place of Business:**

14011 BEACH BOULEVARD  
SUITE 100  
JACKSONVILLE, FL 32250 US

**New Principal Place of Business:**

**Current Mailing Address:**

14011 BEACH BOULEVARD  
SUITE 100  
JACKSONVILLE, FL 32250 US

**New Mailing Address:**

**FEI Number:** 59-2651126      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

COLD, KATHLEEN H  
ONE INDEPENDENT DR.  
STE. 2301  
JACKSONVILLE, FL 32202 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: KRIMSKY, EILEEN  
Address: 14011 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32250

Title: VD  
Name: MORELAND, JOHN  
Address: 14011 BEACH BOULEVARD  
City-St-Zip: JACKSONVILLE, FL 32250

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: KRIMSKY, EILEEN

PD

03/31/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date