

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000046349

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** GLORY PSYCHIATRIC CENTER, INC.

**Current Principal Place of Business:**

2316 HILLCREST STREET  
ORLANDO, FL 32803

**New Principal Place of Business:**

1836 WOODWARD STREET  
ORLANDO, FL 32803

**Current Mailing Address:**

2316 HILLCREST STREET  
ORLANDO, FL 32803

**New Mailing Address:**

1836 WOODWARD STREET  
ORLANDO, FL 32803

FEI Number: 86-1099973

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BELOSO, JUAN G  
2316 HILLCREST STREET  
ORLANDO, FL 32803 US

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

BELOSO, JUAN G  
1836 WOODWARD STREET  
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

02/17/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MONTES, STELLA B  
Address: 1836 WOODWARD STREET  
City-St-Zip: ORLANDO, FL 32803

Title: D  
Name: BELOSO, JUAN  
Address: 1836 WOODWARD STREET  
City-St-Zip: ORLANDO, FL 32803

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: JUAN G. BELOSO

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

VP

02/17/2011

\_\_\_\_\_  
Date