2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2011
Secretary of State

DOCUMENT# P05000015678

Entity Name: TARPON PSYCHIATRIC CENTER, P.A.

Current Principal Place of Business:

1501 S. PINELLAS AVENUE
STE. K
TARPON SPRINGS, FL 34689

New Principal Place of Business:

1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689

Current Mailing Address:

258 RUE DES LACS
TARPON SPRINGS, FL 34688

New Mailing Address:

1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689

FEI Number: 20-2264744 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICKOLAKIS, IRENE A
1501 SOUTH PINELLAS AVENUE
SUITE K
TARPON SPRINGS, FL 34689 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: PRES
Name: NICKOLAKIS, IRENE A
Address: 1501 SOUTH PINELLAS AVENUE SUITE K
City-St-Zip: TARPON SPRINGS, FL 34689

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: IRENE A. NICKOLAKIS PRES 02/28/2011

Electronic Signature of Signing Officer or Director — Date