

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000058178

**FILED**  
**Feb 18, 2010**  
**Secretary of State**

**Entity Name:** THE HAILE PSYCHIATRY AND PSYCHOTHERAPY GROUP, INC.

**Current Principal Place of Business:**

4965 SW 91ST TERRACE  
SUITE A  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

4965 SW 91ST TERRACE  
SUITE A  
GAINESVILLE, FL 32608

**New Mailing Address:**

**FEI Number:** 20-2896959

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BUCKLEY, ELIZABETH J  
6823 SW 83RD TERRACE  
GAINESVILLE, FL 32608 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MARCHESE, MICHAEL J  
**Address:** 9303 SW 53RD LANE  
**City-St-Zip:** GAINESVILLE, FL 32608

**Title:** D  
**Name:** BUCKLEY, ELIZABETH J  
**Address:** 6823 83RD TERRACE  
**City-St-Zip:** GAINESVILLE, FL 32608

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:** MICHAEL J MARCHESE

**DIRE**

**02/18/2010**

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

\_\_\_\_\_  
Date