

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037358

FILED
Mar 24, 2009
Secretary of State

Entity Name: PSYCHIATRIC INSTITUTE OF FLORIDA, P.A.

Current Principal Place of Business:

5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 US

New Principal Place of Business:

6750 TURKEY LAKE ROAD
SUITE 300
ORLANDO, FL 32819 US

Current Mailing Address:

5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 US

New Mailing Address:

6750 TURKEY LAKE ROAD
SUITE 300
ORLANDO, FL 32819 US

FEI Number: 59-3374182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, SCOTT A M.D.
5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

WEST, SCOTT A M.D.
6750 TURKEY LAKE ROAD
SUITE 300
ORLANDO, FL 32819 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:

03/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WEST, SCOTT A MD
Address: 5401 S. KIRKMAN RD SUITE 480
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WEST, SCOTT A MD
Address: 6750 TURKEY LAKE ROAD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SCOTT WEST

P

03/24/2009

Electronic Signature of Signing Officer or Director

Date