

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026862

FILED
Jan 24, 2008
Secretary of State

Entity Name: THE ORION CENTER FOR PSYCHOTHERAPY, INC.

Current Principal Place of Business:

7551 NW 1ST ST
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

7551 NW 1ST ST
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 65-0905679 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALLAS, GEORGE J
7551 NW 1ST STREET
PEMBROKE PINES, FL 33024 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: PDCM () Delete
Name: KALLAS, GEORGE JAMES
Address: 7551 NW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VTS () Delete
Name: KALLAS, SHANNIE
Address: 7551 NW 1ST STREET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GEORGE J. KALLAS

PDCM

01/24/2008

Electronic Signature of Signing Officer or Director

_____ Date