

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000026862

**FILED**  
**Jan 07, 2011**  
**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:**

2312 WILTON DRIVE  
SUITE 31  
WILTON MANORS, FL 33305

**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

**OFFICERS AND DIRECTORS:**

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

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

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: GEORGE JAMES KALLAS

PDCM

01/07/2011

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

\_\_\_\_\_ Date