2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000031368

Entity Name: PSYCHIATRIC ASSOCIATES, P.A.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
BUILDING	SSLEY AVENU 14 PARK, FL 320				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
BUILDING	SSLEY AVENUI 14 PARK, FL 320				
FEI Number	: 59-3569719	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
1000 RIVE SUITE 115	CHRISTOPHE RSIDE AVENU S IVILLE, FL 322	JE			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
Election Ca	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	LARSON, JAMÉ	Y AVENUE, BUILDING 14	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	LARSON, LAÑA	Y AVENUE, BUILDING 14	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: LANAH W. LARSON S 04/23/2009