

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103627

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: OGLETHORPE PSYCHMED SERVICES OF FLORIDA, INC.

## Current Principal Place of Business:

2550 SOUTHEAST WALTON ROAD  
PORT ST. LUCIE, FL 34952 US

## New Principal Place of Business:

## Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY  
114  
TAMPA, FL 33647 US

## New Mailing Address:

15310 AMBERLY DRIVE  
310  
TAMPA, FL 33647 US

FEI Number: 26-0884487

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BROCK, JAMES C ESQ.  
7065 WESTPOINTE BOULEVARD  
317  
ORLANDO, FL 32835 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: PD ( ) Delete  
Name: PICCIANO, JOHN R  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, 114  
City-St-Zip: TAMPA, FL 33647 US

Title: EVPD ( ) Delete  
Name: O'SHEA, JAMES  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, 114  
City-St-Zip: TAMPA, FL 33647 US

Title: STD ( ) Delete  
Name: HOGAN, MICHAEL T  
Address: 2550 SOUTHEAST WALTON ROAD  
City-St-Zip: PORT ST. LUCIE, FL 34952 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: PICCIANO, JOHN R  
Address: 15310 AMBERLY DRIVE, #310  
City-St-Zip: TAMPA, FL 33647 US

Title: EVPD (X) Change ( ) Addition  
Name: O'SHEA, JAMES  
Address: 15310 AMBERLY DRIVE, #310  
City-St-Zip: TAMPA, FL 33647 US

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: JOHN R. PICCIANO

PD

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date