2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2010
Secretary of State

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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:

15310 AMBERLY DRIVE
310
TAMPA, FL 33647 US

New Mailing Address:

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
Name: PICCIANO, JOHN R
Address: 15310 AMBERLY DRIVE, #310
City-St-Zip: TAMPA, FL 33647 US

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

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

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: JOHN R. PICCIANO PD 04/24/2010

Electronic Signature of Signing Officer or Director Date