

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103627

FILED  
Apr 10, 2012  
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:**

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

**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

04/10/2012

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

\_\_\_\_\_  
Date