

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000021001

**Entity Name:** PSYCHIATRIC PROFESSIONAL SERVICES, P.A.

**Current Principal Place of Business:**

2180 N. PARK AVE.  
SUITE 320  
WINTER PARK, FL 32789

**Current Mailing Address:**

2180 N. PARK AVE.  
SUITE 320  
WINTER PARK, FL 32789 US

**FEI Number: 59-3232349**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

BLANKEMEIER, JOHN L  
2180 N. PARK AVE.  
SUITE 320  
WINTER PARK, FL 32789 US

*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

**Officer/Director Detail :**

Title            PST  
Name            BLANKEMEIER, JOHN L  
Address        2180 N. PARK AVE. SUITE#320  
City-State-Zip: WINTER PARK FL 32789

Title            VP  
Name            BLANKEMEIER, SUSANNE F  
Address        2180 N. PARK AVE, SUITE #320  
City-State-Zip: WINTER PARK FL 32789

*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 L BLANKEMEIER**

**PRESIDENT**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date