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

Electronic Signature of Signing Officer/Director Detail

Name and Address of Current Registered Agent:

BLANKEMEIER, JOHN L 2180 N. PARK ÁVE. 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:

Officer/Director Detail ·

Officer/Director Detail :			
Title	PST	Title	VP
Name	BLANKEMEIER, JOHN L	Name	BLANKEMEIER, SUSANNE F
Address	2180 N. PARK AVE. SUITE#320	Address	2180 N. PARK AVE, SUITE #320
City-State-Zip:	WINTER PARK FL 32789	City-State-Zip:	WINTER PARK FL 32789

2013 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

Electronic Signature of Registered Agent

PRESIDENT

Date

Date

FILED Jan 20, 2013 Secretary of State CC5276298943

Certificate of Status Desired: No

01/20/2013