2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2010
Secretary of State

DOCUMENT# 704949

Entity Name: FLORIDA PSYCHIATRIC SOCIETY, A DISTRICT BRANCH OF THE AMERICAN PSYCHIATRIC ASSOCIATION, INC.

Current Principal Place of Business:

521 E. PARK AVENUE
TALLAHASSEE, FL 323019524

New Principal Place of Business:

521 E. PARK AVENUE
TALLAHASSEE, FL 32301

Current Mailing Address:

521 E. PARK AVENUE
TALLAHASSEE, FL 323019524

New Mailing Address:

521 E. PARK AVENUE
TALLAHASSEE, FL 32301

FEI Number: 59-1735183 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARGO S, ADAMS
521 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: WHITE, CYNTHIA MD
Address: 1627 NW 12TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: PPD
Name: DE LA GANDARA, JOSE MD
Address: 2161 PALM BEACH LAKES BLVD, SUITE 215
City-St-Zip: WEST PALM BEACH, FL 33409

Title: PED
Name: GORELIK, ASHER MD
Address: 200 HEMINGWAY DRIVE
City-St-Zip: OLDSMAR, FL 34677

Title: D
Name: BUHRMANN, LOUISE MD
Address: 1485 SOUTH SEMORAN BLVD, BLDG 6 STE 1454
City-St-Zip: WINTER PARK, FL 32792

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARGO S ADAMS RA 01/12/2010
Electronic Signature of Signing Officer or Director Date