

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G01822

**Entity Name:** PSYCHIATRIC ASSOCIATES OF LAKE CITY, P.A.

**FILED**  
**Jan 12, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

165 SW VISION GLENN  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

165 SW VISION GLENN  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 59-2245265      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MHATRE, UMESH M.  
165 SW VISION GLENN  
LAKE CITY, FL 32025    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: P  
Name: MHATRE, UMESH M  
Address: 165 SW VISION GLENN  
City-St-Zip: LAKE CITY, FL 32025

Title: S  
Name: MHATRE, SHILPA  
Address: 165 SW VISION GLENN  
City-St-Zip: LAKE CITY, FL 32025

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: SHILPA MHATRE

S

01/12/2010

Electronic Signature of Signing Officer or Director

Date