


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90058 043 \*\*\*150.00

**DOCUMENT # H33099**

1. Entity Name  
 PSYCHIATRIC SERVICES OF WINTER PARK, P.A.



Principal Place of Business      Mailing Address

2248 WINTER WOODS BLVD.      1870 ALOMA AVE., STE. 240  
 WINTER PARK, FL 32792 US      WINTER PARK, FL 32789 US

40007006

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

2252 Winter Woods Blvd.      2252 Winter Woods Blvd.

Suite, Apt. #, etc.      Suite, Apt. #, etc.



01142008      Chg-P      CR2E034 (12/06)

City & State      City & State

Winter Park, FL      Winter Park, FL

Zip      Country      Zip      Country

32792      US      32792      US

4. FEI Number      Applied For

59-2467939      Not Applicable

5. Certificate of Status Desired      \$8.75 Additional Fee Required

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6. Name and Address of Current Registered Agent

QUINONES, JOSE E., M.D.  
 2248 WINTER WOODS BLVD.  
 WINTER PARK, FL 32792

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City      FL      Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ DATE: 1-14-08

Signature, typed or printed name of registered agent and date if applicable.      (NOT) Registered Agent signature required when re-stating      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution      \$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
PD	QUINONES, JOSE E M.D.	2248 WINTER WOODS BLVD.	WINTER PARK, FL 32792	<input type="checkbox"/>
V	ROBERTS, MALCOLM D M.D.	2248 WINTER WOODS BLVD.	WINTER PARK, FL 32792	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jose E. Quinones      DATE: 1-14-08      Calling Phone #: 407-681-6003

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Calling Phone #