## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H33099

FILED Mar 03, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

2252 WINTER WOODS BLVD WINTER PARK, FL 32792 US

Current Mailing Address: New Mailing Address:

2252 WINTER WOODS BLVD WINTER PARK, FL 32792 US

FEI Number: 59-2467939 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

QUINONES, JOSE E., M.D. 2248 WINTER WOODS LBVD. WINTER PARK, FL 32792 US QUINONES, JOSE E., M.D. 2252 WINTER WOODS BLVD. WINTER PARK, FL 32792 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: 03/03/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition QUINONES, JOSE E M.D. QUINONES, JOSE E M.D. Name: Name: 2248 WINTER WOODS BLVD. Address: 2252 WINTER WOODS BLVD. Address: City-St-Zip: WINTER PARK, FL 32792 City-St-Zip: WINTER PARK, FL 32792

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOSE E. QUINONES, M.D. PD 03/03/2009