2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L04967

FILED Apr 19, 2011 Secretary of State

Entity Name: CONSULTANTS IN PSYCHIATRY, M.D., P.A.

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

% NEIL E. PAUKER 6801 PORTO FINO CIRCLE #1 FT MYERS, FL 33912

Current Mailing Address: New Mailing Address:

% NEIL E. PAUKER 6801 PORTO FINO CIRCLE #1 FT MYERS, FL 33912

FEI Number: 65-0136261 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:

PAUKER, NEIL E., M.D 6801 PORTO FINO CIRCLE SUITE #1 FT MYERS, FL 33912 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:

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PTD

 Name:
 PAUKER, NEIL E., MD

 Address:
 6801 PORTO FINO CIRCLE #1

 City-St-Zip:
 FT MYERS, FL 33912

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: NEIL E. PAUKER PRES 04/19/2011