2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2011
Secretary of State

DOCUMENT# L90892

Entity Name: APPLIED SCIENCES AND KNOWLEDGE FOR MENTAL DISORDERS, P.A.

Current Principal Place of Business:

13939 LAKESHORE BLVD
HUDSON, FL 34667 US

New Principal Place of Business:

Current Mailing Address:

555 RANCH ROAD
TARPON SPRINGS, FL 34688 US

New Mailing Address:

FEI Number: 59-3018781 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GALURA-CUA, RIQUEZA Y
13939 LAKESHORE BLVD.
HUDSON, FL 34667 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: GALURA-CUA, RIQUEZA Y
Address: 13939 LAKESHORE BLVD
City-St-Zip: HUDSON, FL 34667 US

Title: TRV
Name: CUA, WILLIAM L
Address: 13939 LAKESHORE BLVD
City-St-Zip: HUDSON, FL 34667 US

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: RIQUEZA GALURA CUA PD 04/30/2011

Electronic Signature of Signing Officer or Director Date