

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Aug 23, 2007  
Secretary of State**

DOCUMENT# N00000002291

Entity Name: FLORIDA PSYCHED, INC.

**Current Principal Place of Business:**

529 NW 60TH ST  
GAINESVILLE, FL 32607

**New Principal Place of Business:**

**Current Mailing Address:**

529 NW 60TH ST  
GAINESVILLE, FL 32607

**New Mailing Address:**

FEI Number: 59-3736696      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

SARKIS, ELIAS  
529 NW 60TH ST  
GAINESVILLE, FL 32607      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      ( ) Delete  
Name: SARKIS, ELIAS  
Address: 529 NW 60TH ST  
City-St-Zip: GAINESVILLE, FL 32607

Title: TD      ( ) Delete  
Name: SARKIS, STEPHANIE  
Address: 529 NW 60TH ST  
City-St-Zip: GAINESVILLE, FL 32607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      (X) Change ( ) Addition  
Name: SARKIS, DANIEL  
Address: 529 NW 60TH ST  
City-St-Zip: GAINESVILLE, FL 32607

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIAS H SARKIS MD

PD

08/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date