

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002291

FILED  
Feb 15, 2012  
Secretary of State

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 ( )

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

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

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

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

SIGNATURE: DANIEL SARKIS

TD

02/15/2012

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

\_\_\_\_\_  
Date