2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# N06000005938

Entity Name: NEUROPSYCHIATRIC INSTITUTE OF FLORIDA, INC.

Current Principal Place of Business:

237 FERNWOOD BLVD STE 111
CASSELBERRY, FL 32730

New Principal Place of Business:

Current Mailing Address:

237 FERNWOOD BLVD STE 111
CASSELBERRY, FL 32730

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: D ( ) Delete
Name: BIRKMIRE, REX A MD
Address: 237 FERNWOOD BLVD STE 111
City-St-Zip: CASSELBERRY, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: REX A BIRKMIRE D 04/24/2007

Electronic Signature of Signing Officer or Director — Date