2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005938

FILED Apr 30, 2008 Secretary of State

Entity Name: NEUROPSYCHIATRIC INSTITUTE OF FLORIDA, INC.

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

237 FERNWOOD BLVD STE 111 1601 DODD ROAD

CASSELBERRY, FL 32730 WINTER PARK, FL 32792

Current Mailing Address: New Mailing Address:

1601 DODD RD 1601 DODD ROAD

WINTER PARK, FL 32792 WINTER PARK, FL 32792

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

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

BIRKMIRE, REX A 1601 DODD RD

WINTER PARK, FL 32792 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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BIRKMIRE, REX A MD
 Name:
 BIRKMIRE, REX A MD

 Address:
 237 FERNWOOD BLVD STE 111
 Address:
 1601 DODD ROAD

 City-St-Zip:
 CASSELBERRY, FL 32730
 City-St-Zip:
 WINTER PARK, FL 32792

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: REX BIRKMIRE PRES 04/30/2008