

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000103310

Entity Name: WESTON PSYCHCARE, P.A.

FILED  
Jan 13, 2011  
Secretary of State

**Current Principal Place of Business:**

2625 EXECUTIVE PARK DRIVE  
SUITE 3  
WESTON, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

2625 EXECUTIVE PARK DRIVE  
SUITE 3  
WESTON, FL 33331

**New Mailing Address:**

FEI Number: 36-4480398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GROBMAN, SETH L  
2625 EXECUTIVE PARK DRIVE  
SUITE 3  
WESTON, FL 33331 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  
Name: GROBMAN, SETH L  
Address: 2625 EXECUTIVE PARK DRIVE, SUITE 3  
City-St-Zip: WESTON, FL 33331

Title: D  
Name: GROBMAN, FAITH C  
Address: 2625 EXECUTIVE PARK DRIVE, SUITE 3  
City-St-Zip: WESTON, FL 33331

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: SETH L GROBMAN

DR

01/13/2011

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

\_\_\_\_\_  
Date