2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P01000103420

Entity Name: SENIOR PSYCH SOLUTIONS CORP.

Current Principal Place of Business:

11900 BISCAYNE BLVD
SUITE 504
MIAMI, FL 33181

New Principal Place of Business:

1050 CROWN POINTE PARKWAY
SUITE 295
ATLANTA, GA 30338

Current Mailing Address:

1050 CROWN POINTE PKWY
SUITE 295
ATLANTA, GA 30338

New Mailing Address:

1050 CROWN POINTE PARKWAY
SUITE 295
ATLANTA, GA 30338

FEI Number: 65-1148921 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHAPIRO, AMY
1050 CROWN POINTE PARKWAY
SUITE 295
ATLANTA, FL 30338 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: SHAPIRO, AMY
Address: 1050 CROWN POINTE PARKWAY STE 295
City-St-Zip: ATLANTA, GA 30338

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

SIGNATURE: AMY SHAPIRO D 04/27/2009

Electronic Signature of Signing Officer or Director — Date