

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90083 022 ***150.00

DOCUMENT # P01000122297					
1. Entity Name TREASURE COAST PSYCHIATRIC SERVICES, P.A.					
Principal Place of Business 1343 NE JENSEN BEACH BLVD. JENSEN BEACH, FL 34857			Mailing Address 2740 SW MARTIN DOWNS BLVD #305 PALM CITY, FL 34990		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1343 NE Jensen Beach Blvd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Jensen Beach, FL		4. FEI Number 65-1157606	
Zip		Country		Country	
Zip 34957		Country		Country	
6. Name and Address of Current Registered Agent LOSARDO, RICHARD E 2740 SW MARTIN DOWNS BLVD., #102 PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name 1343 NE Jensen Beach Blvd. City Jensen Beach FL Zip 34957		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOSARDO, RICHARD E MD 2740 SW MARTIN DOWNS BLVD., #120 PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 NE Jensen Beach Blvd. Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LOSARDO, STACEY 2740 SW MARTIN DOWNS BLVD. # 120 PALM CITY, FL 34990		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1343 NE Jensen Beach Blvd. Jensen Beach, FL 34957	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Stacey D. Losardo</u>			Date <u>1/26/07</u> Daytime Phone # _____		