

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90034 033 \*\*\*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

1343 NE JENSEN BEACH BLVD.  
JENSEN BEACH FL 34857

2. Principal Place of Business - No P.O. Box #

789 S. Federal Hwy  
Suite, Apt. #, etc.  
213

3. Mailing Address

789 S. Federal Hwy  
Suite, Apt. #, etc.  
213

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-1157606

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

1st MOORE

CR2E034 (10/07)

6. Name and Address of Current Registered Agent

LOSARDO, RICHARD E  
1343 NE JENSEN BEACH BLVD  
JENSEN BEACH FL 34957

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LOSARDO, RICHARD E MD	
STREET ADDRESS	1343 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34857	
TITLE	V	<input type="checkbox"/> Delete
NAME	LOSARDO, STACEY	
STREET ADDRESS	1343 NE JENSEN BEACH BLVD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

Stacey Losardo STACEY LOSARDO

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

2.25.08 789 485 9366