

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P01000122297

**Entity Name:** TREASURE COAST PSYCHIATRIC SERVICES, P.A.

**FILED**  
**Oct 05, 2014**  
**Secretary of State**

**Current Principal Place of Business:**

789 S FEDERAL HWY STE 213  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

789 S FEDERAL HWY STE 213  
STUART, FL 34994

**New Mailing Address:**

FEI Number: 65-1157606      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LOSARDO, RICHARD E  
789 S FEDERAL HWY  
213  
STUART, FL 34994 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: RICHARD E. LOSARDO

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DR.  
Name: LOSARDO, RICHARD E MD  
Address: 789 S FEDERAL HWY  
City-St-Zip: STUART, FL 34994

Title: V  
Name: LOSARDO, STACEY  
Address: 789 S FEDERAL HWY 213  
City-St-Zip: STUART, FL 34994

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: STACEY D. LOSARDO

Electronic Signature of Signing Officer or Director

MRS.

10/05/2014

Date