2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P03000009027

Entity Name: BREVARD PSYCHIATRY & PSYCHOLOGY, INC.

Current Principal Place of Business:

197 BOUGANVILLEA DR
STE A
ROCKLEDGE, FL 32955

New Principal Place of Business:

6767 N WICKHAM RD
STE 306
MELBOURNE, FL 32940

Current Mailing Address:

P.O. BOX 560619
ROCKLEDGE, FL 32956

New Mailing Address:

FEI Number: 27-0043964 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ, JOSE RAFAEL MD
197 BOUGANVILLEA DR
STE A
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

GONZALEZ, JOSE RAFAEL MD
6767 N WICKHAM RD
STE 306
MELBOURNE, FL 32940 US

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: 05/01/2008
Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RAFAEL-GONZALEZ, JOSE M.D.
Address: 197 BOUGAINVILLEA DR, STE A
City-St-Zip: ROCKLEDGE, FL 32955

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: RAFAEL-GONZALEZ, JOSE M.D.
Address: 6767 N WICKHAM RD STE 306
City-St-Zip: MELBOURNE, FL 32940

Title: VP ( ) Change (X) Addition
Name: RYDEN, NANCY E RN LMHC
Address: 6767 N WICKHAM RD STE 306
City-St-Zip: MELBOURNE, FL 32940

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: PATTY HELLER MNGR 05/01/2008
Electronic Signature of Signing Officer or Director — Date