2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2009
Secretary of State

DOCUMENT# P03000013407

Entity Name: AGRESTI PSYCHIARTIC CONSULTS, P.A.

Current Principal Place of Business:

2151 45TH STREET
SUITE 207
WEST PALM BEACH, FL 33407

New Principal Place of Business:

2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407

Current Mailing Address:

2151 45TH STREET
SUITE 207
WEST PALM BEACH, FL 33407

New Mailing Address:

2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407

FEI Number: 02-0675386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AGRESTI, MARK G MD
2151 45TH STREET
SUITE 207
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

AGRESTI, MARK G MD
2010 CONTINENTAL DRIVE
WEST PALM BEACH, FL 33407 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: 02/25/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: AGRESTI, MARK G MD
Address: 2151 45TH STREET SUITE 207
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete
Name: AGRESTI, DEBRA L
Address: 2151 45TH STREET SUITE 207
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: AGRESTI, MARK G MD
Address: 2010 CONTINENTAL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D (X) Change ( ) Addition
Name: AGRESTI, DEBRA L
Address: 2010 CONTINENTAL DRIVE
City-St-Zip: WEST PALM BEACH, FL 33407

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: MARK G. AGRESTI, MD DIR 02/25/2009
Electronic Signature of Signing Officer or Director — Date