

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000021012

FILED
Apr 16, 2009
Secretary of State

Entity Name: PRIME CARE PSYCHIATRIC ASSOCIATES, P.A

Current Principal Place of Business:

6000 TURKEY LAKE ROAD
101
ORLANDO, FL 34741 US

New Principal Place of Business:

New Mailing Address:

6000 TURKEY LAKE ROAD
101
ORLANDO, FL 34741 US

Current Mailing Address:

8936 SOUTHERN BREEZE DR
ORLANDO, FL 32836 US

FEI Number: 81-0601423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BHAGHANI, MOHAMMAD Y
8936 SOUTHERN BREEZE DR
ORLANDO, FL 32836 US

Name and Address of New Registered Agent:

BHAGHANI, MOHAMMAD Y
8936 SOUTHERN BREEZE DRIVE
ORLANDO, FL 32836 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: MOHAMMAD Y. BHAGHANI

04/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BHAGHANI, MOHAMMAD Y
Address: 8936 SOUTHERN BREEZE DR.
City-St-Zip: ORLANDO, FL 32836 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BHAGHANI, MOHAMMAD Y
Address: 8936 SOUTHERN BREEZE DRIVE
City-St-Zip: ORLANDO, FL 32836 US

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: MOHAMMAD Y. BHAGHANI

P

04/16/2009

Electronic Signature of Signing Officer or Director

Date