

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000078361

**FILED**  
**Mar 08, 2012**  
**Secretary of State**

**Entity Name:** PSYCHIATRIC GROUP OF ORLANDO, PA

**Current Principal Place of Business:**

422 SOUTH ALAFAYA TR.  
STE 17  
ORLANDO, FL 32828

**New Principal Place of Business:**

**Current Mailing Address:**

2749 RAINBOW SPRINGS LN  
ORLANDO, FL 32828

**New Mailing Address:**

**FEI Number:** 20-0116459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EL-MENSHAWI, ALI  
2749 RAINBOW SPRINGS LN  
ORLANDO, FL 32828 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DR  
Name: EL-MENSHAWI, ALI  
Address: 2749 RAINBOW SPRINGS LN  
City-St-Zip: ORLANDO, FL 32828

Title: DR  
Name: MELOUKHEIA, AYSHA  
Address: 2749 RAINBOW SPRINGS LN  
City-St-Zip: ORLANDO, FL 32828

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: ALI EL-MENSHAWI

DR

03/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date