

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000081370

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** THE AMERICAN ASSOCIATION OF PSYCHIATRIC MEDICINE, INC.

**Current Principal Place of Business:**

9730 BEAR LAKE RD  
APOPKA, FL 32703

**New Principal Place of Business:**

**Current Mailing Address:**

POB 916133  
LONGWOOD, FL 32791

**New Mailing Address:**

**FEI Number:** 20-0110442

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEISARI, DAVID MD  
9730 BEAR LAKE RD  
APOPKA, FL 32703 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: D  
Name: KEISARI, DAVID MD  
Address: 9730 BEAR LAKE ROAD  
City-St-Zip: APOPKA, FL 32703

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: DAVID KEISARI

PRES

02/10/2012

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

\_\_\_\_\_  
Date