## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000022140

FILED Apr 26, 2009 Secretary of State

Entity Name: GULFSIDE CENTER FOR PSYCHOLOGICAL SERVICES, INC.

12641 WORLD PLAZA LANE

#56

FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

12641 WORLD PLAZA LANE

FORT MYERS, FL 33907 US

FEI Number: 43-2042830 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

MORNLL, AUDREY

12641 WORLD PLAZA LN 56
FORT MYERS, FL 33907 US

MORRLLL, AUDREY

12641 WORLD PLAZA LN 56
FORT MYERS, FL 33907 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: AUDREY R MORRILL 04/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MORRILL, AUDREY R PH.D.
 Name:

 Address:
 12641 WORLD PLAZA LANE, #56
 Address:

 City-St-Zip:
 FORT MYERS, FL 33907 US
 City-St-Zip:

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: AUDREY R MORRILL PH.D DIRE 04/26/2009