2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2010
Secretary of State

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Entity Name: PSYCHIATRIC & THERAPEUTIC CARE OF FLORIDA, INC.

Current Principal Place of Business:

3021 NE 42ND STREET
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

2710 NE 40TH STREET
FORT LAUDERDALE, FL 33308

Current Mailing Address:

6278 N FEDERALHWY
PMB 392
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 22-3900179 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROCCO, AUGUSTINE
3021 NE 42ND STREET
FORT LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

CROCCO, AUGUSTINE
2710 NE 40TH STREET
FORT LAUDERDALE, FL 33308 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: _____ 01/09/2010
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P
Name: CROCCO, AUGUSTINE
Address: 2710 NE 40TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: S/T
Name: CROCCO, AUGUSTINE
Address: 2710 NE 40TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308

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: AUGUSTINE CROCCO CEO 01/09/2010
Electronic Signature of Signing Officer or Director — Date