2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: GREATER ORLANDO PSYCHIATRIC ASSOCIATES, P.A.

Current Principal Place of Business:

1417 N. SEMORAN BLVD.
SUITE 203
ORLANDO, FL 32807

New Principal Place of Business:

Current Mailing Address:

1417 N. SEMORAN BLVD.
SUITE 203
ORLANDO, FL 32807

New Mailing Address:

FEI Number: 06-1755342 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTINEZ, RAMON O MD
1417 N SEMORAN BLVD
SUITE 203
ORLANDO, FL 32807 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: PSD
Name: MARTINEZ, RAMON O MD
Address: 1417 N. SEMORAN BLVD. STE 203
City-St-Zip: ORLANDO, FL 32807

Title: VTD
Name: FIGUEROA, NOEL MD
Address: 1417 N. SEMORAN BLVD. STE 203
City-St-Zip: ORLANDO, FL 32807

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: RAMON O. MARTINEZ PRES 01/06/2011

Electronic Signature of Signing Officer or Director — Date