

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000129751

FILED
Apr 27, 2007
Secretary of State

Entity Name: JD PSYCHIATRIC SERVICES INC.

Current Principal Place of Business:

2724 W COVINGTON DRIVE
DELTONA, FL 32738

New Principal Place of Business:

2724 W COVINGTON DRIVE
DELTONA, FL 32738

Current Mailing Address:

2724 W COVINGTON DRIVE
DELTONA, FL 32738

New Mailing Address:

2724 W COVINGTON DRIVE
DELTONA, FL 32738

FEI Number: 20-3482860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DACRI, JOSEPH F JR
2724 W COVINGTON DRIVE
DELTONA, FL 32738 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DACRI, JANE A
Address: 2724 W COVINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

Title: VP () Delete
Name: DACRI, JOSEPH F JR
Address: 2724 W COVINGTON DRIVE
City-St-Zip: DELTONA, FL 32738

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: JOSEPH F. DACRI, JR.

VP

04/27/2007

Electronic Signature of Signing Officer or Director

_____ Date