

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000134931

**FILED**  
**Jan 22, 2011**  
**Secretary of State**

**Entity Name:** DEANIMA PSYCHIATRIC SERVICES, INC.

**Current Principal Place of Business:**

5455 N. FEDERAL HWY., STE B  
BOCA RATON, FL 33487

**New Principal Place of Business:**

**Current Mailing Address:**

5455 N. FEDERAL HWY., STE B  
BOCA RATON, FL 33487

**New Mailing Address:**

**FEI Number:** 20-3557053

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HALL, LACRESHA L M.D.  
23257 STATE RD. 7  
#204  
BOCA RATON, FL 33428 US

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

HALL, LACRESHA L M.D.  
5455 N FEDERAL HWY  
SUITE B  
BOCA RATON, FL 33487 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: LACRESHA HALL

01/22/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HALL, LACRESHA L M.D.  
Address: 5455 N. FEDERAL HWY., STE B  
City-St-Zip: BOCA RATON, FL 33487

Title: CEO  
Name: HALL, LACRESHA L M.D.  
Address: 5455 N. FEDERAL HWY., STE B  
City-St-Zip: BOCA RATON, FL 33487

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: LACRESHA HALL

PRES

01/22/2011

Electronic Signature of Signing Officer or Director

Date