

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056700

Entity Name: PSYCHARNP, INC.

FILED  
May 01, 2009  
Secretary of State

## Current Principal Place of Business:

2759 MICHIGAN AVENUE  
FT. MYERS, FL 33916 US

## New Principal Place of Business:

## Current Mailing Address:

2759 MICHIGAN AVENUE  
FT. MYERS, FL 33916 US

## New Mailing Address:

FEI Number: 26-0161865

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRICKLAND, FRANCES  
2759 MICHIGAN AVENUE  
FT. MYERS, FL 33916 US

## Name and Address of New Registered Agent:

STRICKLAND, FRANCES H  
2759 MICHIGAN AVENUE  
FT. MYERS, FL 33916 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: F.H. STRICKLAND

05/01/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: STRICKLAND, FRANCES  
Address: 2759 MICHIGAN AVENUE  
City-St-Zip: FT. MYERS, FL 33916 US

Title: VP D (X) Delete  
Name: CHATMAN, DONNA  
Address: 1642 VERONA DRIVE  
City-St-Zip: NORTH FORT MYERS, FL 33903 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: STRICKLAND, FRANCES H  
Address: 2759 MICHIGAN AVENUE  
City-St-Zip: FT. MYERS, FL 33916 US

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: F.H. STRICKLAND

PRES

05/01/2009

Electronic Signature of Signing Officer or Director

Date