2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: JUSTIN A. D'ARIENZO, PSY.D., ABPP, PA

Current Principal Place of Business:

4651 SALISBURY ROAD
SUITE 532
JACKSONVILLE, FL 32256

New Principal Place of Business:

11512 LAKE MEAD AVENUE
SUITE 704
JACKSONVILLE, FL 32256

Current Mailing Address:

4651 SALISBURY ROAD
SUITE 532
JACKSONVILLE, FL 32256

New Mailing Address:

11512 LAKE MEAD AVENUE
SUITE 704
JACKSONVILLE, FL 32256

FEI Number: 51-0673837 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

D'ARIENZO, JUSTIN A
7580 FOUNDERS COURT
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

D'ARIENZO, JUSTIN A
11197 TURNBRIDGE DRIVE
JACKSONVILLE, FL 32256 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: _____ 01/06/2011
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P
Name: D'ARIENZO, JUSTIN A
Address: 11512 LAKE MEAD AVENUE SUITE 704
City-St-Zip: JACKSONVILLE, FL 32256

Title: COO
Name: D'ARIENZO, ERICA O
Address: 11512 LAKE MEAD AVENUE, SUITE 704
City-St-Zip: JACKSONVILLE, FL 32256

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: JUSTIN D'ARIENZO PRES 01/06/2011
Electronic Signature of Signing Officer or Director — Date