

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000006763

FILED
Feb 28, 2010
Secretary of State

Entity Name: CENTRAL FLORIDA GERIATRIC PSYCHIATRY, INC.

Current Principal Place of Business:

501 N. ORLANDO AVENUE
313-158
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940578
MAITLAND, FL 32794

New Mailing Address:

FEI Number: 26-4093975

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ALLEN, LUIS G
501 N ORLANDO AVENUE
SUITE 313-158
WINTER PARK, FL 32789 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
Name: ALLEN, LUIS G
Address: P.O. BOX 940578
City-St-Zip: MAITLAND, FL 32794

Title: VP
Name: WILLIAMS ALLEN, MAXINE E
Address: P.O. BOX 940578
City-St-Zip: MAITLAND, FL 32794

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: MAXINE WILLIAMS ALLEN

MGRM

02/28/2010

Electronic Signature of Signing Officer or Director

Date