

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000072848

**Entity Name:** PANTIN PSYCHIATRY INC

**FILED**  
**Mar 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4702 NW 13 AVE  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

5200 NW 43 ST  
SUITE 102-334  
GAINESVILLE, FL 32606

**Current Mailing Address:**

4702 NW 13 AVE  
GAINESVILLE, FL 32605

**New Mailing Address:**

5200 NW 43 ST  
SUITE 102-334  
GAINESVILLE, FL 32606

**FEI Number:** 45-3000462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCKEY, JOHN  
4045 NW 43RD ST  
GAINESVILLE, FL 32606 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BERNARD PANTIN, LESLEY ANN  
Address: 5200 NW 43 ST, SUITE 102-334  
City-St-Zip: GAINESVILLE, FL 32606

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: LESLEY-ANN BERNARD-PANTIN

MS

03/18/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date