

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000074441

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** ENIGMA PSYCHIATRIC CONSULTING SERVICES INC.

**Current Principal Place of Business:**

126 DEBRON DRIVE  
NAPLES, FL 34112

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 357  
NAPLES, FL 34106

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRECO, ANDREA D ARNP  
126 DEBRON DRIVE  
NAPLES, FL 34112 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: CEO  
Name: GRECO, ANDREA D ARNP  
Address: PO BOX 357  
City-St-Zip: NAPLES, FL 34106

Title: VP  
Name: BLY, BERLINDA B  
Address: PO BOX 357  
City-St-Zip: NAPLES, FL 34106

Title: SECR  
Name: GRECO, ZAHARA  
Address: PO BOX 357  
City-St-Zip: NAPLES, FL 34106

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: BERLINDA BLY

VP

04/26/2012

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

\_\_\_\_\_  
Date