

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000056134

Entity Name: PSYCHSOLUTIONS, INC.

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

701 SOUTHWEST 27TH AVE  
SUITE 500  
MIAMI, FL 33135 US

## **New Principal Place of Business:**

830 CRESCENT CENTRE DRIVE  
SUITE 610  
FRANKLIN, TN 37067 US

## **Current Mailing Address:**

1120 CAPITAL OF TEXAS HIGHWAY SOUTH  
BUILDING 1, SUITE 200  
AUSTIN, TX 78746 US

## **New Mailing Address:**

830 CRESCENT CENTRE DRIVE  
SUITE 610  
FRANKLIN, TN 37067 US

FEI Number: 65-0428340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: VPSD  
Name: HOWARD, CHRISTOPHER L  
Address: 830 CRESCENT CENTRE DRIVE, SUITE 610  
City-St-Zip: FRANKLIN, TN 37067 US

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: CRYSTAL MCKENZIE

POA

04/14/2012

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

\_\_\_\_\_  
Date