

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2007 8:00 am**  
**Secretary of State**

06-22-2007 90002 014 \*\*\*150.00

DOCUMENT # P95000015133

1. Entity Name  
QUALITY PSYCHIATRIC SERVICES, P.A.



Principal Place of Business  
101 PARK PLACE BLVD.  
SUITE 1-A  
KISSIMMEE, FL 34741

Mailing Address  
101 PARK PLACE BLVD.  
SUITE 1-A  
KISSIMMEE, FL 34741

4012140J



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06072007

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

59-3302817

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

POULOS, PETER M.D.  
101 PARK PLACE BLVD.  
SUITE 1-A  
KISSIMMEE, FL 34741

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE	DPV	<input type="checkbox"/> Delete
NAME	POULOS, PETER M.D.	
STREET ADDRESS	101 PARK PLACE BLVD., SUITE 1-A	
CITY - ST - ZIP	KISSIMMEE, FL 34741	
TITLE	ST	<input type="checkbox"/> Delete
NAME	POULOS, PETER M.D.	
STREET ADDRESS	101 PARK PLACE BLVD., SUITE 1-A	
CITY - ST - ZIP	KISSIMMEE, FL 34741	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Peter Poulos MD Resident*

6-16-07

407 846 3050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #