

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000015133

FILED  
Apr 23, 2010  
Secretary of State

**Entity Name:** QUALITY PSYCHIATRIC SERVICES, P.A.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

3956 TOWN CENTER BLVD  
#287  
ORLANDO, FL 32837

**FEI Number:** 59-3302817

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POULOS, PETER M.D.  
101 PARK PLACE BLVD.  
SUITE 1-A  
KISSIMMEE, FL 34741 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:** DPV  
**Name:** POULOS, PETER M.D.  
**Address:** 101 PARK PLACE BLVD., SUITE 1-A  
**City-St-Zip:** KISSIMMEE, FL 34741

**Title:** ST  
**Name:** POULOS, PETER M.D.  
**Address:** 3956 TOWN CENTER BLVD., #287  
**City-St-Zip:** ORLANDO, FL 32837

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:** PETER POULOS, MD

MD

04/23/2010

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

\_\_\_\_\_  
Date