2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2011
Secretary of State

DOCUMENT# P95000015133

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:

3956 TOWN CENTER BLVD
#287
ORLANDO, FL 32837

New Mailing Address:

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

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 DR 04/21/2011

Electronic Signature of Signing Officer or Director — Date