2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: INSIGHT PSYCHIATRY SERVICES, P.A.

Current Principal Place of Business:

5100 N. ARMENIA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

12443 SAN JOSE BLVD
SUITE 301
JACKSONVILLE, FL 32223

Current Mailing Address:

5100 N. ARMENIA AVENUE
TAMPA, FL 33603

New Mailing Address:

PO BOX 342008
TAMPA, FL 336942008

FEI Number: 59-3326708 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MONAKEY, SAMINA H CPA
12443 SAN JOSE BLVD
SUITE 301
JACKSONVILLE, FL 32223 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: HUSSAIN, HANSA S
Address: 12443 SAN JOSE BLVD #301
City-St-Zip: JACKSONVILLE, FL 32223

Title: PD
Name: HUSSAIN, SAJJAD F
Address: 12443 SAN JOSE BLVD #301
City-St-Zip: JACKSONVILLE, FL 32223

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: SAJJAD F HUSSAIN P 04/11/2012

Electronic Signature of Signing Officer or Director — Date