2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2009
Secretary of State

DOCUMENT# P95000081526

Entity Name: FAMILY SERVICES OF PINELLAS COUNTY, INC.

Current Principal Place of Business:

18302 HIGHWOODS PRESERVE PARKWAY
SUITE 114
TAMPA, FL 33647 US

New Principal Place of Business:

15310 AMBERLY DRIVE, STE. #310
SUITE 310
TAMPA, FL 33647 US

Current Mailing Address:

18302 HIGHWOODS PRESERVE PARKWAY
SUITE 114
TAMPA, FL 33647 US

New Mailing Address:

15310 AMBERLY DRIVE, STE. #310
SUITE 310
TAMPA, FL 33647 US

FEI Number: 59-3340181 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROCK, JAMES C ESQ
7065 WESTPOINTE BLVD.
SUITE #317
ORLANDO, FL 32835 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: PD ( ) Delete
Name: PICCIANO, JOHN
Address: 18302 HIGHWOODS PRESERVE PARKWAY, #114
City-St-Zip: TAMPA, FL 33647 US

Title: SD ( ) Delete
Name: O'SHEA, JAMES
Address: 18302 HIGHWOODS PRESERVE PARKWAY, #114
City-St-Zip: TAMPA, FL 33647 US

Title: D ( ) Delete
Name: COHEN, ROBERT
Address: 18302 HIGHWOODS PRESERVE PARKWAY, #114
City-St-Zip: TAMPA, FL 33647 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: PICCIANO, JOHN R
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

Title: SD (X) Change ( ) Addition
Name: O'SHEA, JAMES
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

Title: D (X) Change ( ) Addition
Name: COHEN, ROBERT
Address: 15310 AMBERLY DRIVE, STE. #310
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN R. PICCIANO PD 04/29/2009

Electronic Signature of Signing Officer or Director — Date