

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P95000086019

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** OUTPATIENT PSY CARE, INC.

**Current Principal Place of Business:**

777 EAST 25TH STREET  
102  
HIALEAH, FL 33013 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 347604  
CORAL GABLES, FL 33234 US

**New Mailing Address:**

**FEI Number:** 65-0621726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GONZALEZ-DIAZ, VIVIAN  
1285 S.W. 16 STREET  
MIAMI, FL 33145 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: PRES  
Name: GONZALEZ-DIAZ, VIVIAN D.J. PH.D.  
Address: 1285 S.W. 16TH STREET  
City-St-Zip: MIAMI, FL 33145

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: VIVIAN D.J. GONZALEZ-DIAZ, PH.D.

PRES

04/30/2011

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

\_\_\_\_\_  
Date