

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000037358

FILED
Feb 12, 2007
Secretary of State

Entity Name: PSYCHIATRIC INSTITUTE OF FLORIDA, P.A.

Current Principal Place of Business:

5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 US

New Principal Place of Business:

Current Mailing Address:

5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 US

New Mailing Address:

FEI Number: 59-3374182 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, SCOTT A M.D.
5401 S. KIRKMAN RD.
SUITE 480
ORLANDO, FL 32819 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: P () Delete
Name: WEST, SCOTT A MD
Address: 5401 S. KIRKMAN RD SUITE 480
City-St-Zip: ORLANDO, FL 32819

Title: V (X) Delete
Name: STANTON, SEAN P
Address: 5401 S. KIRKMAN RD SUITE 480
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT WEST

PRES

02/12/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date