

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000025358

FILED  
Apr 27, 2010  
Secretary of State

**Entity Name:** PSYCHIATRIC CENTER OF FLORIDA, P.A.

**Current Principal Place of Business:**

12641 WORLD PLAZA LANE, #56  
FORT MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

12641 WORLD PLAZA LANE, #56  
FORT MYERS, FL 33907

**New Mailing Address:**

FEI Number: 65-0820705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BUCHHOLZ, ROBERT A M.D.  
12641 WORLD PLAZA LANE, #56  
FORT MYERS, FL 33907 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  
Name: KEEFER, BRENDA L M.D.  
Address: 12641 WORLD PLAZA LANE, #56  
City-St-Zip: FORT MYERS, FL 33907

Title: STD  
Name: BUCHHOLZ, ROBERT A M.D.  
Address: 12641 WORLD PLAZA LANE, #56  
City-St-Zip: FORT MYERS, FL 33907

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: BRENDA KEEFER

PD

04/27/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date