

2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000103627

Entity Name: OGLETHORPE PSYCHMED SERVICES OF FLORIDA, INC.

Current Principal Place of Business:

2550 SOUTHEAST WALTON ROAD
PORT ST. LUCIE, FL 34952

Current Mailing Address:

15310 AMBERLY DRIVE
300
TAMPA, FL 33647 US

FEI Number: 26-0884487

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROCK, JAMES CESQ.
7065 WESTPOINTE BOULEVARD
317
ORLANDO, FL 32835 US

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

Officer/Director Detail :

Title	PD	Title	EVPD
Name	PICCIANO, JOHN R	Name	O'SHEA, JAMES
Address	15310 AMBERLY DRIVE 300	Address	15310 AMBERLY DRIVE 300
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	TAMPA FL 33647
Title	STD		
Name	HOGAN, MICHAEL T		
Address	2550 SOUTHEAST WALTON ROAD		
City-State-Zip:	PORT ST. LUCIE FL 34952		

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: JOHN R. PICCIANO

PD

04/25/2013

Electronic Signature of Signing Officer/Director Detail

Date