FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 MAY 20 PM 3:20
TALLAHASSEE, FLORIDA

DOCUMENT # **530263** **(3)**

1. Corporation Name

PSYCHIATRIC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
917 NIRA ST PO BOX 10339 JACKSONVILLE FL 32207 US	PSYCHIATRIC ASSOCIATES PA P.O. BOX 10339 JACKSONVILLE FL 32247-0339 US

3. Date Incorporated or Qualified: **03/28/1977**
3a. Date of Last Report: **04/20/1995**

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 1018 W Ninth Avenue
Suite, Apt. #, etc.
27: Attn: Tax Dept.
City & State
28: King of Prussia, PA 19406
Zip 29: Country 30:

4. FEI Number: **59-1729252** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

LARSON JAMES L MD
917 NIRA ST
JACKSONVILLE FL 32247

10. Name and Address of New Registered Agent

81 Name: Prentice-Hall Corporation Syster, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS Street
83: 600001867926
-06/19/96--01135--006
84 City: Tallahassee ****200.00 FL ****52.50

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Mary J. Flowers
Signature, typed or printed name of registered agent and date signed (if the Registered Agent is changed)
DATE:

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LARSON, JAMES L. 917 NIRA ST JACKSONVILLE FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition President Lawrence Davies 1018 W Ninth Avenue King Of prussia, PA 19406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition Vice President Caroline Fleming 1018 W Ninth Avenue King of Prussia, PA 19406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☒ Addition Secretary Stanley Szczygiel 1018 W Ninth Avenue King of Prussia, PA 19406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition Treasurer Joseph W. Wilks 1018 W Ninth Avenue King of Prussia, PA 19406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition Director Alan Vinick 1018 W Ninth Avenue King of Prussia, PA 19406
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

RECEIVED
MAY 23 [redacted]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section [redacted] Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] - TREASURER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/96 610-992-7670
Date Daytime Phone #

CR2E034 (12/95)