2005 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Feb 07, 2005
Secretary of State

DOCUMENT# B02000000376

Entity Name: MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, L.P.

Current Principal Place of Business:

STONEBRIDGE PLAZA 1
9606 NORTH MOPAC EXPRESSWAY, SUITE 600
AUSTIN, TX 78759

New Principal Place of Business:

Current Mailing Address:

PO BOX 209010
AUSTIN, TX 78720

New Mailing Address:

FEI Number: 74-2864083 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NORRIS, SUSAN
1211 STATE ROAD 436, SUITE 355
CASSELBERRY, FL 32707 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

Capital Contributions as Shown on record: 0.00
Amount of Capital Contributions in Florida to date: 0.00

GENERAL PARTNER INFORMATION:

Document #: F02000005511
Name: MENTAL HEALTH NETWORK NETWORK INST SER INC
Address: 9606 NORTH MOPAC EXPRESSWAY, SUITE 600
City-St-Zip: AUSTIN, TX 78759

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: ROBERT WILSON OF 02/07/2005

Electronic Signature of Signing General Partner — Date