

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G40267 (8)**

1. Corporation Name  
**PSYCHIATRIC FACILITY AT MEDFIELD, INC.**



Principal Place of Business: **12891 SEMINOLE DR. LARGO FL 33540**  
Mailing Address: **3060 WILLIAMS DR. FAIRFAX VA 22031**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. Subst. Apt. #, etc.	26. <b>2700 Colorado Avenue</b>	<b>05/20/1983</b>	<b>04/27/1995</b>
22. City & State	27. <b>Santa Monica, CA</b>	4. FEI Number	Applied For
23. Zip	28. <b>90404</b>	<b>52-1295732</b>	Not Applicable
24. Country	29. <b>U.S.A.</b>	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
	30. <b>U.S.A.</b>	<input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name: **500001718495**  
82. Street Address (P.O. Box, etc.): **2700 Colorado Avenue Santa Monica, CA 90404**  
83. City: **Santa Monica, CA**  
84. State: **FL** 85. Zip Code: **90404**

11. Pursuant to the provisions of Sections 607.0532 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92		
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE	1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FOCHT, MICHAEL H SR</b>		12. NAME		
STREET ADDRESS	<b>2700 COLORADO AVE</b>		13. STREET ADDRESS		
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		14. CITY, ST, ZIP		
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE	2. TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BROWN, SCOTT M</b>		22. NAME	<b>Scott M. Brown</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>		23. STREET ADDRESS	<b>2700 Colorado Avenue</b>	
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		24. CITY, ST, ZIP	<b>Santa Monica, CA 90404</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/> DELETE	3. TITLE	<b>Vice Pres. &amp; Asst. Secty.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SILVER, RICHARD B</b>		32. NAME	<b>Christi R. Sulzbach</b>	
STREET ADDRESS	<b>2700 COLORADO AVE.</b>		33. STREET ADDRESS	<b>2700 Colorado Avenue</b>	
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		34. CITY, ST, ZIP	<b>Santa Monica, CA 90404</b>	
TITLE	<b>EVP</b>	<input checked="" type="checkbox"/> DELETE	4. TITLE	<b>Vice Pres. &amp; Asst. Secty.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ANDERSONS, MARIS</b>		42. NAME	<b>David W. Layne</b>	
STREET ADDRESS	<b>2700 COLORADO AVE</b>		43. STREET ADDRESS	<b>2700 Colorado Avenue</b>	
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		44. CITY, ST, ZIP	<b>Santa Monica, CA 90404</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE	5. TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMULLEN, TERENCE P</b>		52. NAME	<b>Terence P. McMullen</b>	
STREET ADDRESS	<b>2700 COLORADO AVE</b>		53. STREET ADDRESS	<b>2700 Colorado Avenue</b>	
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		54. CITY, ST, ZIP	<b>Santa Monica, CA 90404</b>	
TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> DELETE	6. TITLE	<b>Assistant Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MATHIASSEN, RAYMOND L</b>		62. NAME	<b>Lawrence G. Hixon</b>	
STREET ADDRESS	<b>2700 COLORADO AVE</b>		63. STREET ADDRESS	<b>2700 Colorado Avenue</b>	
CITY, ST, ZIP	<b>SANTA MONICA CA 90404</b>		64. CITY, ST, ZIP	<b>Santa Monica, CA 90404</b>	

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 119.07(3)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Scott M. Brown* **Scott M. Brown** 2/12/96 (310) 998-8427  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

*Handwritten signature/initials*