

2001 UNIFORM BUSINESS REPORT (UBR)

0592283

DOCUMENT # G40267

1. Entity Name
PSYCHIATRIC FACILITY AT MEDFIELD, INC.

FILED

01 MAR 27 PM 4: 07

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business 3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105	Mailing Address 3820 STATE STREET C/O MARY YUMIBE SANTA BARBARA CA 93105
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

4. FEI Number 52-1295732	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL
Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PULLEN, TIMOTHY L	13737 NOEL ROAD	DALLAS TX 75240	
	AS	LARSEN, CAITLIN M	3820 STATE STREET	<input type="checkbox"/> Delete
	SANTA BARBARA CA 93105			
	T	DENT, DENNIS L	3820 STATE STREET	<input type="checkbox"/> Delete
	SANTA BARBARA CA 93105			
	DVS	SILVER, RICHARD B	3820 STATE STREET	<input type="checkbox"/> Delete
	SANTA BARBARA CA 93105			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard B. Silver, Secretary *[Signature]* **3/20/01 805/563-7075**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CFR2E034 (10/00)