


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

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AND  
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95 APR 27 PM 12:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **H04313** (3)  
 1. Corporation Name  
**PSYCHIATRIC INSTITUTE OF ORLANDO, INC.**

Principal Place of Business Mailing Address  
**6801 CENTRAL FLORIDA PARKWAY ORLANDO FL 32821**  
**3080 WILLIAMS DR. FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	06/01/1984	04/14/1994
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
22	27	94-2992691	
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	30	7. This corporation has liability for intangible tax under S. 190.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	B1 Name
	B2 Street Address (P.O. Box Number is Not Acceptable)
	B3
	B4 City
	FL B5 Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Separate, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOCHT, MICHAEL H SR	1.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	1.4 CITY - ST - ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SCOTT M	2.2 NAME	
STREET ADDRESS	2700 COLORADO AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	2.4 CITY - ST - ZIP	
TITLE	CFO	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHIASSEN, RAYMOND L	3.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVER, RICHARD B	4.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	4.4 CITY - ST - ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCMULLEN, TERENCE P	5.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	5.4 CITY - ST - ZIP	
TITLE	EVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSONS, MARIS	6.2 NAME	
STREET ADDRESS	2700 COLORADO AVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	SANTA MONICA CA 90404	6.4 CITY - ST - ZIP	

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 110.07(3)(b), 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: Scott M. Brown 4/24/95 310/998-8000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR