

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H04313 (3)

1. Corporation Name

PSYCHIATRIC INSTITUTE OF ORLANDO, INC.



Principal Place of Business

Mailing Address

6601 CENTRAL FLORIDA PARKWAY
ORLANDO FL 32821

3060 WILLIAMS DR.
FAIRFAX VA 22031

3. Date Incorporated or Qualified **06/01/1984** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business

2a. Mailing Address

21 **501 Church St. N.E.**

26 **501 Church St., N.E.**

4. FEI Number **94-2992691** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 **333**

27 **333**

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

23 **Vienna, VA**

28 **Vienna, VA**

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

24 **22180** 25 **Country**

29 **22180** 30 **Country**

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**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when existing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	FOCHT, MICHAEL H SR	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	2700 COLORADO AVE.	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	CFO	<input checked="" type="checkbox"/> DELETE
NAME	MATHIASSEN, RAYMOND L	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSONS, MARIS	
STREET ADDRESS	2700 COLORADO AVE	
CITY-ST-ZIP	SANTA MONICA CA 90404	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P Timothy L. Pullen
1.3 STREET ADDRESS	14001 Dallas Parkway
1.4 CITY-ST-ZIP	Santa Monica, CA 90404
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VP/S
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	VP/T
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

000001774620
04/10/96 01005-000
***200.00

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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Mortnam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/96

(310)998-8427

CR2E034 (12/95)

PRM 4-9-96