## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCU	MENT # <b>H04313</b>		. (0,511).				
PSYCHIATRIC INSTITUTE OF ORLANDO, INC.					According to the second		
D 1 DI					01 APR 10 PM 12: 03		
8820 STATE STREET		Mailing Address  % MARY YUMIBE  3820 STATE STREET  SANTA BARBARA CA 93105			SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #. etc.			DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. F	El Number 94-2992691 Applie	d For	
Zip	Country	Zip C	Country	5. 0	Certificate of Status Desired S8.75 Addition Fee Required		
	6. Name and Address of Current Re	egistered Agent		7. N	lame and Address of New Registered Agent		
CT C	ORPORATION SYSTEM		Name	Namo			
1200	S. PINE ISLAND ROAD		Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
PLAN	TATION FL 33324						
			City		Zip Code		
8. The above	named entity submits this statement for the	he purpose of changing its regi	istered office or regis	tered ag	ent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered agent and	title if upplicable. (NOTE: Reg	gistered Agent signature requ	ired when re	instating) DATE		
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta		1 LIUSI ELINO L'ODITIDUTION I I Addod to Ecoc			
11.	OFFICERS AND DI	RECTORS	12.	AD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PULLEN, TIMOTHY L 13737 NOEL ROAD DALLAS TX 75240	□ Delete	TITLE NAME STREET ADURESS CITY-ST-ZIP		000004014210- -04/17/010110800	6	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SILVER, RICHARD B 3820 STATE STREET SANTA BARBARA CA 93105	☐ Delete	TITLE NAME STREET ADDRESS GRY-ST-ZIP		****150.00 d****150	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	T DENT, DENNIS L 3820 STATE STREET SANTA BARBARA CA 93105	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Change ☐	] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LARSEN, CAITLIN M 3820 STATE STREET SANTA BARBARA CA 93105	☐ Delete	TITLE NAMF STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CHY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐	Addition	
TIFLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Change	] Addition	
indicated	f on this report or supplemental report is t	rue and accurate and that my s	sionature shall have ti	he same	119.07(3)(i), Florida Statutes. I further certify that the infor legal effect as if made under oath; that I am an officer or ida Statutes; and that my name appears in Block 11 or Block	director	

Richard B. Silver, Secretary 4/3/01 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR