2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED DOCUMENT # H04313 Mar 04, 2004 8:00 A. Secretary of State 1. Entity Name PSYCHIATRIC INSTITUTE OF ORLANDO, INC. Principal Place of Business Mailing Address %MARKWAMME Sherrie Smith 3820 STATE STREET % MARXXXXXXX Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105 SANTA BARBARA, CA 93105 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 94-2992691 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition PULLEN, TIMOTHY L NAME NAME STREET ADDRESS 13737 NOEL ROAD 600029822586 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75240 CITY-ST-ZIP 03/03/04--01062--001 **17636.25 DVS TITLE **KK**Lizelete TITLE Director/Secretary ☐ Change X Addition NAME SILVER, RICHARD B Caitlin M. Larsen STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 State Street CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP Santa Barbara, CA 93105 ☐ Delete TITLE Change ☐ Addition DENT, DENNIS L NAME NAME STREET ADDRESS 3820 STATE STREET STREET ADDRESS SANTA BARBARA, CA 93105 CITY-ST-ZIP CITY-ST-ZIP K Oelete Asst. Secretary TITLE XX Addition ☐ Change NAME LARSEN, CAITLIN M Kristina A. Mack STREET ADDRESS 3820 STATE STREET STREET ADDRESS 3820 State Street CITY-ST-ZIP SANTA BARBARA, CA 93105 CITY-ST-ZIP <u>Santa Barbara, CA 93105</u> ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Kristina: A. Mack, Asst. Secretary

RINTED NAME OF SIGNING OFFICER OR DIRECTOR