

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

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **H77106** (3)

1. Corporation Name  
**BOCA RATON PSYCHIATRIC GROUP, P.A.**



Principal Place of Business      Mailing Address  
**% PETER J. HOLLAND**  
**7280 W PALMETTO PARK ROAD #203N**  
**BOCA RATON FL 33433-3401**

3. Date Incorporated or Qualified: **09/20/1985**      3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business      2a. Mailing Address  
21. State, Apt. #, etc.:      26. State, Apt. #, etc.:  
22. City & State:      27. City & State:  
23. Zip:      Country:      28. Zip:      Country:  
24.      25.      29.      30.

4. FEI Number: **59-2616959**      Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**HOLLAND, PETER J.**  
**7280 W PALMETTO PK ROAD #204N**  
**BOCA RATON FL 33433-0401**

10. Name and Address of New Registered Agent  
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 607.0500 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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	TITLE	NAME
PD	HOLLAND, PETER J.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
7280 W PALMETTO PK RD		13. STREET ADDRESS	
BOCA RATON FL		14. CITY, ST, ZIP	
SD	HOLLAND, DONNA S	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7280 W PALMETTO PK RD		22. NAME	
BOCA RATON FL		23. STREET ADDRESS	
		24. CITY, ST, ZIP	
<input type="checkbox"/> DELETE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		32. NAME	
		33. STREET ADDRESS	
		34. CITY, ST, ZIP	
<input type="checkbox"/> DELETE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		42. NAME	
		43. STREET ADDRESS	
		44. CITY, ST, ZIP	
<input type="checkbox"/> DELETE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		52. NAME	
		53. STREET ADDRESS	
		54. CITY, ST, ZIP	
<input type="checkbox"/> DELETE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		62. NAME	
		63. STREET ADDRESS	
		64. 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 119.07(3)(x), 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 shareholder 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 applicable, in an appointment with an address.

SIGNATURE: *Peter J. Holland*      Peter J. Holland      2/20/96      407 368 8998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      COUNTY PHONE #

CR2E034 (12/95)