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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K77574** (7)

1. Corporation Name

FLORIDA PSYCHIATRIC COMPANY, INC.



Principal Place of Business

**ONE PARK PLAZA
NASHVILLE TN 37203
US**

Mailing Address

**P.O. BOX 570
ATTN: TAX DEPT
NASHVILLE TN 37202
US**

3. Date Incorporated or Qualified
04/04/1989

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 over a registered agent and the corporation

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DSPS	<input type="checkbox"/> DELETE
NAME	BRAUN, STEPHEN	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	DSPT	<input type="checkbox"/> DELETE
NAME	COLBY, DAVID C.	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MOEN, DANIEL J	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KROGER, JOAN O	
STREET ADDRESS	201 W MAIN ST	
CITY- ST- ZIP	LOUISVILLE KY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MALONE, DAVID J., JR.	
STREET ADDRESS	ONE PARK PLAZA	
CITY- ST- ZIP	NASHVILLE TN	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1. TITLE	Div	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE	Div/IT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
4. CITY- ST- ZIP		
1. TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	John M. Franck	
3. STREET ADDRESS	One Park Plaza	
4. CITY- ST- ZIP	Nashville TN 37203	
1. TITLE	✓	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Millon Johnson	
3. STREET ADDRESS	One Park Plaza	
4. CITY- ST- ZIP	Nashville TN 37203	
1. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
3. STREET ADDRESS		
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 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: **John Franck**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-29-96 (615) 327-4551
Date Telephone #

CR2E034 (12/95)