

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004537 (2)
 1. Corporation Name
SOUTHWEST PSYCHIATRIC ASSOCIATES, P.A.



Principal Place of Business 2445 BEE RIDGE RD. SARASOTA FL 34239	Mailing Address 2445 BEE RIDGE RD. SARASOTA FL 34239
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 6075 RAND BLVD	26 6075 RAND BLVD			01/04/1996	
Suite, Apt. #, etc. SUITE 1		Suite, Apt. #, etc. SUITE 1		4. FEI Number	
City & State SARASOTA, FL		City & State SARASOTA, FL		65-0642436	
Zip 34238	Country	Zip 34238	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

DOOLEY, WILLIAM A
2070 RINGLING BLVD.
SARASOTA FL 34237

10. Name and Address of New Registered Agent

81 Name **JAMES E. THOMSON**
 82 Street Address (P.O. Box Number is Not Acceptable)
1515 RINGLING BLVD
 83 **SUITE 900**
 84 City **SARASOTA** **FL** 85 Zip Code **34236**

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: *James E. Thomson* DATE: **5/26/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ASIANIAN, JAKE	
STREET ADDRESS	943 S. BENEVA RD., STE. 301	
CITY-ST-ZIP	SARASOTA FL 34242	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PERMESLY, L. SCOTT	
STREET ADDRESS	2445 BEE RIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LOSE, GEORGE W	
STREET ADDRESS	1857 FLOYD ST.	
CITY-ST-ZIP	SARASOTA FL 34239	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MONOSIET, FREDERIC L	
STREET ADDRESS	5500 BEE RIDGE RD.	
CITY-ST-ZIP	SARASOTA FL 34233	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REHMANI, MASOOD Z	
STREET ADDRESS	5078 RAND BLVD., STE. 1	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EDLUND, MATTHEW J	
STREET ADDRESS	1241 S. TAMiami TrL.	
CITY-ST-ZIP	SARASOTA FL 34239	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
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	

14. 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 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. Mortham* **4-28-98 941-708-3200**

CR2E034 (10/97)