

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P97000070684

**Entity Name:** CREEKSIDE PSYCHIATRIC CENTER, P.A.

**Current Principal Place of Business:**

5190 BAYOU BOULEVARD  
BLDG. 6  
PENSACOLA, FL 32503

**Current Mailing Address:**

5190 BAYOU BOULEVARD  
BLDG. 6  
PENSACOLA, FL 32503

**FEI Number:** 59-3284868

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BENSON, R S  
5190 BAYOU BOULEVARD  
BLDG. 6  
PENSACOLA, FL 32503 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DR  
Name BENSON, R S  
Address 5190 BAYOU BOULEVARD BLDG. 6  
City-State-Zip: PENSACOLA FL 32503

Title DR  
Name DOHN, HENRY H  
Address 5190 BAYOU BOULEVARD BLDG. 6  
City-State-Zip: PENSACOLA FL 32503

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** R. SCOTT BENSON

**OFFICE MGR**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date