

2013 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, M.D.

OWNER

01/28/2013

Electronic Signature of Signing Officer/Director Detail

Date