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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 20 AM 10:35

DOCUMENT # 418708 (4)

1. Corporation Name
COMMUNITY PSYCHIATRIC CENTERS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
24502 PACIFIC PARK DR. LAGUNA HILLS CA 92656	24502 PACIFIC PARK DR. LAGUNA HILLS CA 92656

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/09/1973
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 6600 W. CHARLESTON,#118	26 6600 W. CHARLESTON,#118
Suite, Apt. #, etc. 22 SUITE 118	Suite, Apt. #, etc. 27 SUITE 118
City & State 23 LAS VEGAS NV	City & State 28 LAS VEGAS NV
Zip / Country 24 89102 / 25 USA	Zip / Country 29 89102 / 30 USA

4. FEI Number: 59-1482073 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 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 name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LINDHEIMER, JACK H.
STREET ADDRESS	4519 N ROSEMEAD BLVD
CITY-ST-ZIP	ROSEMEAD CA
TITLE	S
NAME	STAINES, MORGAN L
STREET ADDRESS	24502 PACIFIC PARK DRIVE
CITY-ST-ZIP	LAGUNA HILLS CA
TITLE	CD
NAME	CONTE, RICHARD L
STREET ADDRESS	24502 PACIFIC PARK DRIVE
CITY-ST-ZIP	LAGUNA HILLS CA
TITLE	D
NAME	FLEISCHMANN, HARTLY
STREET ADDRESS	650 CALIFORNIA ST, #2550
CITY-ST-ZIP	SAN FRANCISCO CA
TITLE	T
NAME	WEIS, STEVEN S
STREET ADDRESS	24502 PACIFIC PARK DR
CITY-ST-ZIP	LAGUNA HILLS CA
TITLE	D
NAME	THOMAS, ROBERT L
STREET ADDRESS	1144 MAINSAIL DR
CITY-ST-ZIP	ANNAPOLIS MD

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP 91770
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	6600 W. CHARLESTON, #118
2.4 CITY-ST-ZIP	LAS VEGAS, NV 89102
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	6600 W. CHARLESTON, #118
3.4 CITY-ST-ZIP	LAS VEGAS, NV 89102
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP 94108
5.1 TITLE	T ☒ Change ☐ Addition
5.2 NAME	WENDY L. SIMPSON
5.3 STREET ADDRESS	6600 W. CHARLESTON, #118
5.4 CITY-ST-ZIP	LAS VEGAS, NV 89102
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	ZIP 21403

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)(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: Morgan L. Staines 1/24/95 (702) 259-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0489451 FD