

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **418708** (4)  
1. Corporation Name  
**COMMUNITY PSYCHIATRIC CENTERS OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**6600 W CHARLESTON SUITE 118 LAS VEGAS NV 89102 US**

3. Date Incorporated or Qualified **02/09/1973** 3a. Date of Last Report **02/20/1995**  
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

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt. #, etc. 26 State, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	LINDHEIMER, JACK H., M.D.	
STREET ADDRESS	4519 N ROSEMEAD BLVD	
CITY - ST - ZIP	ROSEMEAD CA 91770	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	/STAINES/MORGAN & RONALD L. OOLEY	
STREET ADDRESS	6600 W CHARLESTON, #118	
CITY - ST - ZIP	LAS VEGAS NV 89102	
TITLE	CD /CEO	<input type="checkbox"/> DELETE
NAME	CONTE, RICHARD L	
STREET ADDRESS	6600 W CHARLESTON #118	
CITY - ST - ZIP	LAS VEGAS NV 89102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEISCHMANN, HARTLY	
STREET ADDRESS	650 CALIFORNIA ST, #2550	
CITY - ST - ZIP	SAN FRANCISCO CA 94108	
TITLE	XKX CFO/D	<input type="checkbox"/> DELETE
NAME	SIMPSON, WENDY L	
STREET ADDRESS	6600 W CHARLESTON, #118	
CITY - ST - ZIP	LAS VEGAS NV 89102	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THOMAS, ROBERT L	
STREET ADDRESS	1144 MAINSAIL DR	
CITY - ST - ZIP	ANNAPOLIS MD 21403	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DAVID L. DENNIS	
1.3 STREET ADDRESS	322 Nineteenth Street	
1.4 CITY - ST - ZIP	Santa Monica, CA, 90402	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANA L. SHIRES, JR., M.D.	
2.3 STREET ADDRESS	2111 Swann Avenue	
2.4 CITY - ST - ZIP	Tampa, FL, 33606	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVID A. WAKEFIELD	
3.3 STREET ADDRESS	Priony Lane, Roehampton	
3.4 CITY - ST - ZIP	London, England, UK SW15 -5JJ	
4.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	WILLIAM HALE	
4.3 STREET ADDRESS	24502 Pacific Park Drive, 3rd Flr.	
4.4 CITY - ST - ZIP	Laguna Hills, CA, 92656	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Ronald L. Ooley* 02/15/96 (702) 259-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/ mo/ Phone #  
RONALD L. OOLEY

CR2E034 (12/95)