

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 581258

(1)

1. Corporation Name

FLORIDA PSYCHIATRIC ASSOCIATES, INC.

Principal Place of Business

1276 MINNESOTA AVENUE
WINTER PARK FL 32789-1864

Mailing Address

C/O RAMSAP HEALTH CARE, INC.
639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS LA 70113
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

08/01/1978

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1840843

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

KEISARI, DAVID MD
1276 MINNESOTA AVENUE
WINTER PARK FL 32789

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 the corporation

(Print the registered agent's signature and the corporation's name when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D
POLLACK, ROBERT W, MD
1276 MINNESOTA AVE
WINTER PARK FL

☐ DELETE

S
HANDELKERN, I. PAUL
1276 MINNESOTA AVE
WINTER PARK FL 32789

☐ DELETE

PD
LAZORTE, MARTIN
1276 MINNESOTA AVE
WINTER PARK FL 32789

☐ DELETE

TD
SYMOM, PHILLIP
1276 MINNESOTA AVE
WINTER PARK FL 32789

☐ DELETE

CD
BROWNE, GREGORY H
639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS LA 70113

☒ DELETE

VICE PRESIDENT
WARWICK SYMPHERS
639 LOYOLA AVENUE, SUITE 1700
NEW ORLEANS, LA. 70113

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARWICK SYMPHERS

04/23/96

Date

504-585-0508

Day Time Phone #

CR2E034 (12/95)