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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 70119-3182~~
US

3. Date Incorporated or Qualified

08/01/1978

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1276 MINNESOTA AVENUE

27 Suite, Apt. #, etc.

28 WINTER PARK FLORIDA

29 Zip

30 32789

31 Country

32 US

4. FEI Number

41 58 1840043

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	POLLACK, ROBERT W, MD	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY, ST, ZIP	WINTER PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HANDELKERN, I. PAUL	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAZORITE, MARTIN	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SYMON, PHILLIP	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY, ST, ZIP	WINTER PARK FL 32789	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	WARWICK SYPHERS	
STREET ADDRESS	639 LOYOLA AVE, STE 1725	
CITY, ST, ZIP	NEW ORLEANS LA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MANDELKERN, I PAUL
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LAZORITZ, MARTIN
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information included 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARWICK SYPHERS 02/03/97

Date

504-585-0514

Daytime Phone #

CR2E034 (9/96)