

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 581258 (1)  
1. Corporation Name  
FLORIDA PSYCHIATRIC ASSOCIATES, INC.

Principal Place of Business 1276 MINNESOTA AVENUE WINTER PARK FL 32789-1864	Mailing Address 1276 MINNESOTA AVE WINTER PARK FL 32789 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/01/1978	
21		26		4. FEI Number 59-1840843	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

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 C T Corporation System
82	Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road
83	
84	City Plantation
85	Zip Code FL 33324

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 Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.1506, Florida Statutes.

SIGNATURE

*Barbara A. Dukes*

BARBARA A. DUKES  
SPECIAL ASSISTANT SECRETARY

12398

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/D
NAME	POLLACK, ROBERT W, MD	1.2 NAME	Bert G. Cibran
STREET ADDRESS	1276 MINNESOTA AVE	1.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	WINTER PARK FL	1.4 CITY-ST-ZIP	Coral Gables, FL
TITLE	S	2.1 TITLE	VP
NAME	MANDELKERN, I PAUL	2.2 NAME	I. Paul Mandelkern
STREET ADDRESS	1276 MINNESOTA AVE	2.3 STREET ADDRESS	1276 Minnesota Avenue
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	Winter Park, FL
TITLE	PD	3.1 TITLE	EVP
NAME	LAZORITZ, MARTIN	3.2 NAME	Martin Lazoritz
STREET ADDRESS	1276 MINNESOTA AVE	3.3 STREET ADDRESS	1276 Minnesota Avenue
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Winter Park, FL
TITLE	TD	4.1 TITLE	EVP
NAME	SYMON, PHILLIP	4.2 NAME	Carol C. Lang
STREET ADDRESS	1276 MINNESOTA AVE	4.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	WINTER PARK FL 32789	4.4 CITY-ST-ZIP	Coral Gables, FL
TITLE	VP	5.1 TITLE	VP/T/S
NAME	WARWICK SYPHERS	5.2 NAME	Daniel A. Sims
STREET ADDRESS	639 LOYOLA AVE, STE 1725	5.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP	NEW ORLEANS LA	5.4 CITY-ST-ZIP	Coral Gables, FL
TITLE		6.1 TITLE	AS
NAME		6.2 NAME	Isa Diaz
STREET ADDRESS		6.3 STREET ADDRESS	One Alhambra Plaza, Suite 750
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Coral Gables, FL

14. I 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 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:

I. Paul Mandelkern 4 / 6/98 (407) 647-6153

CR2E034 (10/97)