

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90058 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 581258

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21		2a. Mailing Address 26 1500 WATERS RIDGE DRIVE		3. Date Incorporated or Qualified 08/01/1978	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-1840843	
City & State 23		City & State 28 LEWISVILLE, TX		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Zip 29 75057		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Country 30 USA		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T COP SYS 1200 S PINE ISLAND RD 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 85 Zip Code FL	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIBRAN, BERT G	1.2 NAME	LINDA LAITNER
STREET ADDRESS	1 ALHAMBRA PLAZA, SUITE 750	1.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	VP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EXECUTIVE VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANDELKERN, I PAUL	2.2 NAME	JAMES W. MCATEE
STREET ADDRESS	1276 MINNESOTA AVE	2.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZORITZ, MARTIN	3.2 NAME	JAMES W. MCATEE
STREET ADDRESS	1276 MINNESOTA AVE	3.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	EVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANG, CAROL C	4.2 NAME	JAMES W. MCATEE
STREET ADDRESS	1 ALHAMBRA PLAZA, SUITE 750	4.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	CORAL GABLES FL 32789	4.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	VPTS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMS, DANIEL A	5.2 NAME	JAMES W. MCATEE
STREET ADDRESS	1 ALHAMBRA PLAZA, SUITE 750	5.3 STREET ADDRESS	1500 WATERS RIDGE DRIVE
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	LEWISVILLE, TX 75057
TITLE	AS <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, ISA	6.2 NAME	
STREET ADDRESS	1 ALHAMBRA PLAZA, SUITE 750	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:

 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES W. MCATEE

Date

4/12/99

(972) 420-8350  
Daytime Phone #

CR2E034 (11/98)

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