

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

DOCUMENT # 656064 (3)

Corporation Name

PSYCHIATRIC HOSPITALS OF FLORIDA, INC.



Principal Place of Business

11300 U.S. 19 NORTH
CLEARWATER FL 34624-7451

Mailing Address

11300 U.S. 19 NORTH
CLEARWATER FL 34624-7451

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/15/1980		3a. Date of Last Report 05/01/1995	
21		26		4. FEI Number 59-1983956		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		29		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PICCIANO, JOHN R. PRESIDENT/CEO 11300 US 19 N CLEARWATER FL 34624				81 Name C. William Brett, Ph.D., CEO			
				82 Street Address (P.O. Box Number is Not Acceptable) 11300 U.S. 19 North			
				83 Clearwater, FL 34624			
				84 City Clearwater, FL FL 85 Zip Code 34624			

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 jurisdiction of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the President, Secretary, Treasurer, or Agent for the corporation

(If Other Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Sole Director	<input checked="" type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	PICCIANO, JOHN R.			1.2 NAME	C. William Brett, Ph.D., CEO		
STREET ADDRESS	11300 US 19 N			1.3 STREET ADDRESS	11300 U.S. 19 North		
CITY-ST-ZIP	CLEARWATER FL			1.4 CITY-ST-ZIP	Clearwater, FL 34624	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	TD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE			
NAME	MERSON, WENDY C.			2.2 NAME			
STREET ADDRESS	11300 US 19 N			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			2.4 CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'SHEA, JAMES E.			3.2 NAME			
STREET ADDRESS	11300 US 19 N			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	COHEN, HANNAH L.			4.2 NAME			
STREET ADDRESS	11300 US 19 N			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	400001809404	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME	-05/06/96--01066--032		
STREET ADDRESS				5.3 STREET ADDRESS	***200.00		
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 incorporator 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 attached form with an address.

SIGNATURE:

Signature and Print Name of Signing Officer or Director

C. William Brett, Ph.D.

2/27/96

Date

813-541-2646

Daytime Phone

CR2E034 (12/95)