

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

FILED  
Mar 13 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 656064 (3)

1. 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
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3. Date Incorporated or Qualified 02/15/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1983956	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

BRETT, C. WILLIAM  
11300 US 19 N  
CLEARWATER FL 34624

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 required when changing registered agent and fee applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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BRETT, C. WILLIAM  
11300 U.S. 19 NORTH  
CLEARWATER FL 34624-7451

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 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 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

(Signature and typed or printed name of signing officer or director)

C. William Brett, Ph.D.

1/7/97

813-541-2646

Date

Daytime Phone