FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 704949 (7)

1. Corporation Name

FLORIDA PSYCHIATRIC SOCIETY, A DISTRICT BRANCH O F THE AMERICAN PSYCHIATRIC ASSOCIATION, INC.

Principal Place of Business	Mailing Address
521 E. PARK AVENUE TALLAHASSEE FL 32301-9524	521 E. PARK AVENUE TALLAHASSEE FL 32301-9524

3. Date Incorporated or Qualified: 12/18/1962

3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: 59-1735183 ☐ 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

MARGO S, ADAMS
521 E. PARK AVENUE
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Margo S. Adams — Feb 7, 1996
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~~	☐ DELETE	1.1 TITLE	VD	☑ Change ☐ Addition
NAME	CUSHMAN~~M~~, PHILLIP		1.2 NAME		
STREET ADDRESS	2830 NW 41ST ST B		1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP		
TITLE	~~PED~~	☐ DELETE	2.1 TITLE	PD	☑ Change ☐ Addition
NAME	MCELROY, ROSS A MD		2.2 NAME		
STREET ADDRESS	J H MILLER HEALTH CENTER		2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL		2.4 CITY-ST-ZIP		
TITLE	~~PD~~	☑ DELETE	3.1 TITLE	TD	☐ Change ☑ Addition
NAME	~~BENSON, R SCOTT MD~~		3.2 NAME	Young, JEAN	
STREET ADDRESS	~~5190 BAYOU BLVD BLDG 6~~		3.3 STREET ADDRESS	111 S. MAITland Ave, #101	
CITY-ST-ZIP	~~PENSACOLA FL~~		3.4 CITY-ST-ZIP	MAITland, FL	
TITLE	~~SD~~	☐ DELETE	4.1 TITLE	PED	☑ Change ☐ Addition
NAME	GROSS, DAVID MD		4.2 NAME		
STREET ADDRESS	16244 S MILITARY TRAIL		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEAHC FL		4.4 CITY-ST-ZIP		
TITLE	~~VD~~	☑ DELETE	5.1 TITLE	SD	☐ Change ☑ Addition
NAME	~~BONSTEDT, THEODR~~		5.2 NAME	Lamey, GARY	
STREET ADDRESS	~~6070 ANCHORLINE DR~~		5.3 STREET ADDRESS	2831 NW 41ST ST, #C	
CITY-ST-ZIP	~~FT MYERS FL~~		5.4 CITY-ST-ZIP	GAINESVILLE, FL	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ross McElroy — 2-22-96 — 904-395-0213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #