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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

4. FEI Number: 59-1735183 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes XX No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX 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 _____
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PED CUSHMAN, PHILLIP 2830 NW 41ST ST B GAINESVILLE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Cushman, Phillip 2830 NW 41st St, B Gainesville, FL	XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KANTER, GARY 2831 NW 41ST ST, #C GAINESVILLE FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD C. Wade Myers 2239 NW 2nd Ave. Gainesville, FL 32603	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SOLOMON, RICHARD 5849 SE HWY 31 ARCADIA FL	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD Sarkis, Elias H. 529 NW 60th St., Ste. B Gainesville, FL 32607	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROSS, DAVID MD 16244 S MILITARY TRAIL DELRAY BEAHC FL	XX DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PED Edgar, James R. 508 S. Habana Ave., Ste 310 Tampa, FL 33609	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD BARNETT, DEBRA 1201 OAKFIELD DR. #108 BRANDON FL	XX DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	SD McCarty, Kathleen 5108 N. Habana Ave., Ste. 2 Tampa, FL 33614	☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: PD PHILLIP W. CUSHMAN, MD 4-23-98 (850) 222-8404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # - optional