

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

FILED
97 APR 11 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A92000000198

PSYCHOLOGICAL SERVICES OF THE MANORS, LTD.

97-AR
CM



Mailing Address

Principal Office Address

~~THE MANORS PSYCHIATRIC HOSPITAL~~
1527 RIVERSIDE DRIVE
TARPON SPRINGS FL 34689

~~THE MANORS PSYCHIATRIC HOSPITAL~~
1527 RIVERSIDE DRIVE
TARPON SPRINGS FL 34689

3. Date Formed or Registered

12/21/1992

5a. Capital Contributions as
Shown on record.

\$24,750.00

3a. Date of Last Report

12/21/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

65-0379944

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

B&C CORPORATE SERVICES, INC.
COURT HOUSE CENTER, SUITE 2000
175 N.W. FIRST AVENUE
MIAMI FL 33128-9965

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number) **500002147065--8**

Suite, Apt. #, etc.

-04/17/97--01117--011
******156.25 ****156.25**

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/
Document Number

PSYCHOLOGICAL SERVICES OF TH

1527 RIVERSIDE DRIVE

TARPON SPRINGS FL 346

P92000013133

500002147065--8
-04/17/97--01117--012
******115.50 ****115.50**

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number