

2004 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000376

FILED
Feb 04, 2004
Secretary of State

Entity Name: MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, L.P.

Current Principal Place of Business:

STONEBRIDGE PLAZA 1
9606 NORTH MOPAC EXPRESSWAY, SUITE 600
AUSTIN, TX 78759

New Principal Place of Business:

Current Mailing Address:

PO BOX 209010
AUSTIN, TX 78720

New Mailing Address:

FEI Number: 74-2864083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, SUSAN
1211 SEMORAN BLVD., SUITE 355
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

NORRIS, SUSAN
1211 STATE ROAD 436, SUITE 355
CASSELBERRY, FL 32707 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

02/04/2004

Electronic Signature of Registered Agent

Date

Capital Contributions as Shown on record: 0.00

Amount of Capital Contributions in Florida to date: 0.00

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:

Name: MENTAL HEALTH NETWORK NETWORK INST SER INC
Address: 9606 NORTH MOPAC EXPRESSWAY, SUITE 600
City-St-Zip: AUSTIN, TX 78759

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: WESLEY J. BROCKHOEFT

02/04/2004

Electronic Signature of Signing General Partner

Date