

# **2007 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000376

**FILED**  
**Jan 03, 2007**  
**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 STATE ROAD 436, SUITE 355  
CASSELBERRY, FL 32707 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F02000005511  
Name: MENTAL HEALTH NETWORK NETWORK INST SER INC  
Address: 9606 NORTH MOPAC EXPR, SUITE 600  
City-St-Zip: AUSTIN, TX 78759

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT WILSON

GP

01/03/2007

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date