LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000376

1. Entity Name

Mental Health Network Institutional Services, LP

DO NOT WRITE IN THIS SPACE

FILED

2003 NOV 19 PM 12:55

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

000023583640
11/19/03--01003--025 **91.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9606 N. Mopac Expressway	P.O. Box 209010
Suite, Apt. #, etc.: Suite 600	Suite, Apt. #, etc.:
City & State: Austin, TX	City & State: Austin, TX
Zip: 78759 Country: Travis	Zip: 78720 Country: Travis

DUE BY MAY 1

4. FEI Number: 74-2864083 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Susan Norris

Street Address (P.O. Box Number is Not Acceptable): 1211 State Road 436, Suite 355

City: Casselberry FL Zip Code: 32707

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT #	F02000005511
NAME	Mental Health Network Institutional Services, Inc.
STREET ADDRESS	9606 N. Mopac Expressway, Suite 600
CITY-ST-ZIP	Austin, TX 78759
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REINSTATEMENT 2003

CR2E003B (12/02)

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 report is true and accurate and that my 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: _____ 10/1/03 (512)347-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #