

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # F01000001675

1. Entity Name
MEDPSYCH FRANCHISE CORPORATION



Principal Place of Business

4984 PALM COAST PARKWAY, N.W.
SUITE 5
PALM COAST, FL 32137

Mailing Address

4984 PALM COAST PARKWAY, N.W.
SUITE 5
PALM COAST, FL 32137



01052004 No Chg-P CR2E034 (10/03)

4. FCI Number
59-2198957

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PALMETTO CHARTER SERVICES, INC.
150 MAGNOLIA AVENUE
DAYTONA BEACH, FL 32115

**DO NOT WRITE
IN THIS SPACE**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME SILVAIN, PETER B
STREET ADDRESS 4984 PALM COAST PARKWAY, N.W., SUITE 5
CITY-ST-ZIP PALM COAST, FL 32137

TITLE D
NAME SILVAIN, PAMELA H
STREET ADDRESS 4984 PALM COAST PARKWAY, N.W., SUITE 5
CITY-ST-ZIP PALM COAST, FL 32137

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01/08/04-90007-015 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 or supplemental 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 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: *Pamela H. Silvain, Ph.D.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/03 386-446-4300
DATE **Daytime Phone #**

Pamela H. Silvain