

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000001675

FILED
Jan 26, 2005
Secretary of State

Entity Name: MEDPSYCH FRANCHISE CORPORATION

Current Principal Place of Business:

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

New Principal Place of Business:

1060 HAMPSTEAD LANE
ORMOND BEACH, FL 32174

Current Mailing Address:

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

New Mailing Address:

1060 HAMPSTEAD LANE
ORMOND BEACH,, FL 32174

FEI Number: 52-2198957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SILVAIN, PETER B
Address: 4984 PALM COAST PARKWAY, N.W., SUITE 5
City-St-Zip: PALM COAST, FL 32137

Title: D () Delete
Name: SILVAIN, PAMELA H
Address: 4984 PALM COAST PARKWAY, N.W., SUITE 5
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SILVAIN, PETER B
Address: 1060 HAMPSTEAD LANE
City-St-Zip: ORMOND BEACH, FL 32174

Title: D (X) Change () Addition
Name: SILVAIN, PAMELA H
Address: 1060 HAMPSTEAD LANE
City-St-Zip: ORMOND BEACH, FL 32174

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA H. SILVAIN

D

01/26/2005

Electronic Signature of Signing Officer or Director

Date