


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 07, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90003 044 \*\*\*550.00

|   |   |
|---|---|
| <b>DOCUMENT # F02000005511</b>  |  |
| 1. Entity Name<br><b>MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>STONEBRIDGE PLAZA 1<br/>9606 N. MOPAC EXPWY., SUITE 600<br/>AUSTIN, TX 78720</b> | Mailing Address<br><b>P.O. BOX 209010<br/>AUSTIN, TX 78720</b> |
|--|--|

**54060157**



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip<br><b>78759</b>            | Country | Zip                 | Country |

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|   |  |   |
|---|--|---|
| 4. FEI Number<br><b>72-1337682</b>  |  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |   |
| 6. Name and Address of Current Registered Agent<br><b>NORRIS, SUSAN<br/>1211 SEMORAN BLVD., SUITE 355<br/>CASSELBERRY, FL 32707</b> |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1211 State Rd 4310 Suite 355</b><br>City <b>FL</b> Zip Code |

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |   |
|---|---|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 8, 2004</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 |
|---|---|

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PCD<br>BROCKHOEFT, WESLEY J<br>9606 N. MOPAC EXPWY., SUITE 600<br>AUSTIN, TX 78759 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | V<br>WRIGHT, RICHARD<br>9606 N. MOPAC EXPWY., SUITE 600<br>AUSTIN, TX 78759 <input type="checkbox"/> Delete        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ST.<br>WILSON, ROBERT<br>9606 N. MOPAC EXPWY., SUITE 600<br>AUSTIN, TX 78759 <input type="checkbox"/> Delete       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br>MOORE, JOHN<br>120 MEADOWCREST STREET, #160<br>GRETN, LA 70056 <input type="checkbox"/> Delete                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>328 Timberlane Drive<br/>Gretna, LA 70056</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VPQI<br>JEFFRIES, SHARYL K<br>9606 N. MOPAC EXPWY, SUITE 600<br>AUSTIN, TX 78759 <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |

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:**  **7-2-04** **512-347-7900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #