


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 04, 2005 08:00 AM
Secretary of State

DOCUMENT # F02000005511 1. Entity Name MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, INC.	
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Principal Place of Business STONEBRIDGE PLAZA 1 9606 N. MOPAC EXPWY., SUITE 600 AUSTIN, TX 78759	Mailing Address P.O. BOX 209010 AUSTIN, TX 78720
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-P CR2E034 (10/03)

4. FEI Number 72-1337682	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NORRIS, SUSAN
1211 STATE RD 436, STE 355
CASSELBERRY, FL 32707

**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 _____ (NOTE: Registered Agent's signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD BROCKHOEFFT, WESLEY J 9606 N. MOPAC EXPWY., SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WRIGHT, RICHARD 9606 N. MOPAC EXPWY., SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST WILSON, ROBERT 9606 N. MOPAC EXPWY., SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOORE, JOHN 328 TIMBERLANE DRIVE GRETN, LA 70056
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPQI JEFFRIES, SHARYL K 9606 N. MOPAC EXPWY., SUITE 600 AUSTIN, TX 78759
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000214679
02/04/05-80022-011 150.00

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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 an other like empowered.

SIGNATURE: Robert Wilson ROBERT WILSON 1/31/2005 512-347-7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #