

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005511

FILED
Jan 16, 2006
Secretary of State

Entity Name: MENTAL HEALTH NETWORK INSTITUTIONAL SERVICES, INC.

Current Principal Place of Business:

STONEBRIDGE PLAZA 1
9606 N. MOPAC EXPWY., SUITE 600
AUSTIN, TX 78759

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 209010
AUSTIN, TX 78720

New Mailing Address:

FEI Number: 72-1337682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, SUSAN
1211 STATE RD 436, STE 355
CASSELBERRY, FL 32707 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: PCD () Delete
Name: BROCKHOEFT, WESLEY J
Address: 9606 N. MOPAC EXPWY., SUITE 600
City-St-Zip: AUSTIN, TX 78759

Title: V () Delete
Name: WRIGHT, RICHARD
Address: 9606 N. MOPAC EXPWY., SUITE 600
City-St-Zip: AUSTIN, TX 78759

Title: ST () Delete
Name: WILSON, ROBERT
Address: 9606 N. MOPAC EXPWY., SUITE 600
City-St-Zip: AUSTIN, TX 78759

Title: D () Delete
Name: MOORE, JOHN
Address: 328 TIMBERLANE DRIVE
City-St-Zip: GRETN, LA 70056

Title: VPQI () Delete
Name: JEFFRIES, SHARYL K
Address: 9606 N. MOPAC EXPWY., SUITE 600
City-St-Zip: AUSTIN, TX 78759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: ROBERT WILSON

ST

01/16/2006

Electronic Signature of Signing Officer or Director

Date