


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

7/22/2005-90021-018-\$150.00-\$150.00

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DOCUMENT # F04000004197 1. Entity Name AMERICAN PSYCHIATRIC PARTNERS, INC.						05 AUG 19 2005 11:25 1st MOORE CR2E034 (10/04)	
Principal Place of Business 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA TN 37402				Mailing Address 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA TN 37402			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 20-0163287				Applied For <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 NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD POLLARD, R. WAYNE 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA TN 37402 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S HUTCHINSON, KIMBERLY J 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA TN 37402 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T WALLS, MELLANEE E 401 CHESTNUT STREET, SUITE 200 CHATTANOOGA TN 37402 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D WANDELT, J. CRAIG 5508 MILLSTONE DRIVE OOLTEWAH TN 37363 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D GLASS, ROGER W 2421 ROYAL FERN TRAIL CHATTANOOGA TN 37421 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CAUMMISSAR, E. STAN JR. 2182 KIMBROUGH WOODS PLACE GERMANTOWN TN 38139 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS 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: <u>Kimberly J. Hutchinson</u> KIMBERLY J. HUTCHINSON				Date: <u>7/18/05</u> (423) Daytime Phone: <u>664-1004</u>			

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American Psychiatric Partners, Inc.

401 Chestnut Street, Suite 200
Chattanooga, TN 37402
Phone: (423) 265-4700
Fax: (423) 265-4707

August 15, 2005

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: AmeriPartner, Inc,
Reference #F04000004197

To Whom It May Concern:

We are in receipt of your correspondence dated July 26, 2005 in the subject matter. Please allow this letter to serve as our formal request of abatement of the \$400 late fee that has been assessed against the above-referenced entity. We believe that the annual report notice was not received.

Feel free to contact me with any questions at (423) 265-4700.

Sincerely,



Kimberly J. Hutchinson
Corporate Secretary