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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 09 1997 8:00am
Secretary of State

DOCUMENT # F06864

(5)

FORENSIC PSYCHIATRY, INCORPORATED

| Principal Place of Business Mailing Address 3136 DOW/LING DR. P.O. BOX 13624 | | | | | | | | |
|--|--|---|------------------------------------|---------------------------|---------------------------|--|---|------------------------------|
| TALLAHASSEE | | TALLAHASSI | TALLAHASSEE FL 32317-3624 | | | } | | |
| US | | US | us | | | 3. Date incorporated or Qualified 11/25/1980 | d 3a. Date of Last Report 03/07/1996 | |
| | acc of Business | n ~ | 2a. Mailing Address | | | 4. FEI Number | | plied For |
| 21 Suite. Apt. # | t oto | | Suite, Apt #, etc. | | | 59-2040984 | | t Applicable |
| 22 | · City | | 27 | | | 5. Certificate of Status Desired \$8.75 Additional Fee Required | | |
| Gity & State | | | City & State | | | Election Campaign Financing Trust Fund Contribution | \$5.00 Added t | |
| Ζφ | Country | Zip | | Country | , | 8. This corporation has liability for it | | |
| 24 | 25 29 30 9. Name and Address of Current Registered Agent | | <u>ol</u> | | | Yes No | | |
| | | rrent Hegistered Age | ini | B1 | Name | 10. Name and Address of New Reg | Jistered Agent | |
| | iy, robert H. 3 Dowling Drive | | | | | | | |
| | AHASSEE FL 32308 | | 8 | | Street Ad | treet Address (P.O. Box Number is Not Acceptable) | | |
| 17364 | DANIOUEL LE DEGUO | | | 83 | | | | |
| | | | | 84 | City | | | Code |
| | | | | | | | FL | |
| 11. Pursuant to office or re | o the provisions of Sections 607. egistered agent, or both, in the S | 0502 and 607.1508, l tate of ≸ lorida. Such e | lorida Statutes, change was aut | the above horized by | e-named co y the corpo | orporation submits this statement for the pration's board of directors. I hereby accep | urpose of changing its If the appointment as | s registered registered |
| office or registered mant, or both, in the State of Morida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent it am familiar with, and accept the obliquious of, Section 607,0505, Florida Statutes. | | | | | | | | |
| SIGNATURE | U JUHA MI | d egent end go it approbable. | (NOTE: P | Registered Ag | ent signature rec | quired when re-ristating) | DATE | |
| 12. | | AND DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTOR | IS IN 12 |
| THUE | PS | | _ DELETE | 1.5 TITLE | 1 | | Change | Addition |
| NAME | WRAY, ROBERT H. | | | 1.2 NAME | | | | |
| STREET ADDITIONS | 3136 DOWLING DRIVE TALLAHASSEE FL | | | 1.3 STREET | 1 | | | } |
| CHY-ST 70° | INLLAINOOCL I'C | | DELETE | 1.4 CITY - S 2.1 TITLE | SI-ZIP | | Change | Addition |
| NAME | | _ | | 2.2 NAME | ĺ | | | |
| STREET ADDRESS | | | | 2.3 STREET | ADDRESS | | | 1 |
| CHY-SLZ® | | | | 2 4 CITY- | | | | l |
| THE | | | DELETE | 3.1 TITLE | | | ☐ Change | ☐ Addition |
| RAME | | | ļ | 32 NAME | l l | | | { |
| STREET ADDRESS | | | | 3.3 STREET | 1 | | | |
| CHY-S1-ZIF | | | DELETE | 3.4. CITY- | ST-ZIP | | ☐ Change | Addition |
| TILE NAME | | L. | T OCTEVE | 4.1 TITLE 4.2 NAME | 1 | | L CHANGE | L_1 Addition |
| STREET ALKURESS | | | 1 | 4.3 STREET | ADDRESS | | | Í |
| City St-ZiP | | | , | 4.4 CITY-5 | | | | (|
| BUE | The second secon | | DELETE | 5.1 TITLE | | | Change | Addition |
| NAME | | | | 5.2 NAME | } | | | } |
| STREET ADDRESS | | | ı | 5.3 STREET | ADDRESS | | | 1 |
| City -St - 7 P | | | | 5.4 CITY - 9 | 51 - ZIP | | | |
| TITLE | | L |] DELETE | 6.1 TITLE | } | | Change | Addition |
| NAME | | | | 6.2 NAME | - | | | |
| STREET ADDRESS | | | | 6.3 STREET | 1 | | | |
| CITY-ST-7IP | a cortla that the internation one | nlight with this films of | one pet qualiful | 64 CITY-S | | led in Section 119 07/3Vi) Florida Statutes | I further portify that | *bo |

4. I do 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 indecated on this annual report or supplemental annual 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 frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 43 if changed, or on an attainment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-97

904-668-1488

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