

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F88929

1. Corporation Name

University Psychiatric Center, Inc.

Principal Place of Business

Mailing Address

One Park Plaza PO. Box 570
Nashville, TN 37203 Nashville, TN
37203

300001838463
-05/24/96--01038--022
***200.00

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

6/30/82

5/1/94

4. FEI Number

02-1252200

Applied For
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

The Prontie Hall Corporation
System, Inc.
1201 Hays Street
Suite 105
Tallahassee, FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☒ Change ☐ Addition

1.2 NAME Daniel P. Moore

1.3 STREET ADDRESS 7975 NW 15th Street

1.4 CITY-ST-ZIP Miami Lakes, FL 33016

2. 1 TITLE ☐ Change ☒ Addition

2.2 NAME Stephen T. Braun

2.3 STREET ADDRESS One Park Plaza

2.4 CITY-ST-ZIP Nashville, TN 37203

3. 1 TITLE ☐ Change ☒ Addition

3.2 NAME David C. Colby

3.3 STREET ADDRESS One Park Plaza

3.4 CITY-ST-ZIP Nashville, TN 37203

4. 1 TITLE ☐ Change ☒ Addition

4.2 NAME R. Milton Johnson

4.3 STREET ADDRESS One Park Plaza

4.4 CITY-ST-ZIP Nashville, TN 37203

5. 1 TITLE ☐ Change ☒ Addition

5.2 NAME Richard A. Schminhart

5.3 STREET ADDRESS One Park Plaza

5.4 CITY-ST-ZIP Nashville, TN 37203

6. 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. Milton Johnson 4/25/94 (615) 327-4551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)