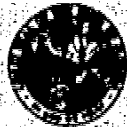


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 18 PM 9:58

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F93000004396 (8)

1. Corporation Name

RAMSAY MANAGED MENTAL HEALTH SERVICES, INC.

Principal Place of Business

**639 LOYOLA AVE.
STE 1700
NEW ORLEANS LA 70113
US**

Mailing Address

**639 LOYOLA AVE.
STE 1700
NEW ORLEANS LA 70113
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/27/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

72-1249464

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

2. Principal Place of Business

21 1276 MINNESOTA AVE.

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 WINTER PARK, FLA.

City & State

28

Zip

24 32789

Country

25 U.S.A.

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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 or 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
**DCP
BROWNE, GREGORY H
639 LOYOLA AVE., STE. 1400 1700
NEW ORLEANS LA 70113**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVC
SODEN, BRUCE R
639 LOYOLA AVE., STE. 1400
NEW ORLEANS LA 70113**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DS
SMITH, WALLACE E
639 LOYOLA AVE., STE. 1400
NEW ORLEANS LA 70113**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DT
EUMONT, JACK V JR.
639 LOYOLA AVE., STE. 1400
NEW ORLEANS LA 70113**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
639 LOYOLA AVE. STE 1700

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
639 LOYOLA AVE. STE 1700

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
639 LOYOLA AVE. STE 1700

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
639 LOYOLA AVE. STE 1700

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

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 110.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GREGORY H. BROWNE

11/17/95

Date

504-585-2505

Telephone (Area #)