FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
639 LOYOLA AVE. STE 1700 NEW ORLEANS LA 70113 US	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

2. Principal Place of Business
21: 1276 MINNESOTA AVE.
22: Suite, Apt. #, etc.
23: City & State: WINTER PARK, FLA.
24: Zip: 32789
25: Country: U.S.A.

2a. Mailing Address
26:
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

4. FEI Number: 72-1249464 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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

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

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	1.1 TITLE		☒ Change ☐ Addition
NAME	BROWNE, GREGORY H	1.2 NAME		
STREET ADDRESS	639 LOYOLA AVE., STE. ~~1400~~ 1700	1.3 STREET ADDRESS	639 LOYOLA AVE. STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA 70113	1.4 CITY-ST-ZIP		
TITLE	DVC	2.1 TITLE		☒ Change ☐ Addition
NAME	SODEN, BRUCE R	2.2 NAME		
STREET ADDRESS	639 LOYOLA AVE., STE. 1400	2.3 STREET ADDRESS	639 LOYOLA AVE. STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA 70113	2.4 CITY-ST-ZIP		
TITLE	DS	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, WALLACE E	3.2 NAME		
STREET ADDRESS	639 LOYOLA AVE., STE. 1400	3.3 STREET ADDRESS	639 LOYOLA AVE. STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA 70113	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE		☒ Change ☐ Addition
NAME	EUMONT, JACK V JR.	4.2 NAME		
STREET ADDRESS	639 LOYOLA AVE., STE. 1400	4.3 STREET ADDRESS	639 LOYOLA AVE. STE 1700	
CITY-ST-ZIP	NEW ORLEANS LA 70113	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(i), 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: _____ GREGORY H. BROWNE 1/17/95 504-585-2505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000360 CP