

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

FILED  
May 01 1996 8:00 am  
Secretary of State

DOCUMENT # F95000000637 (7)

1. Corporation Name

FPM BEHAVIORAL HEALTH, INC.



Principal Place of Business

1276 MINNESOTA AVE.  
WINTER PARK FL 32789

Mailing Address

1276 MINNESOTA AVE.  
WINTER PARK FL 32789

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/07/1995

3a. Date of Last Report

4. FEI Number

59-3269144

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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

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

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

C

RAMSAY, PAUL  
156 PACIFIC HWY., 1ST FL., STE. 103  
GREENWICH NSW 2065 AUSTRALIA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CP

BROWNE, GREGORY H  
639 LOYOLA AVE., STE. 1700  
NEW ORLEANS LA 70113

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

DV

LAZORITZ, MARTIN  
1276 MINNESOTA AVE.  
WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

MANDELKERN, I. PAUL  
1276 MINNESOTA AVE.  
WINTER PARK FL 32789

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

SMITH, WALLACE E  
639 LOYOLA AVE., STE. 1700  
NEW ORLEANS LA 70113

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

SYMON, PHILIP G  
1276 MINNESOTA AVE.  
WINTER PARK FL 32789

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☒ Change ☐ Addition

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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: *PHILIP SYMON*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PHILIP SYMON

04/25/96

Date

407-647-1781

Daytime Phone #

CR2E034 (12/95)