

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
Apr 29 1996 8:00 am
Secretary of State

DOCUMENT # F95000000845 (6)

1. Corporation Name

FPMBH CLINICAL SERVICES, INC.



Principal Place of Business

Mailing Address

C/O THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

C/O THE PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET, STE 105
TALLAHASSEE FL 32301

3. Date Incorporated or Qualified 02/21/1995
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1276 MINNESOTA AVENUE

26 1276 MINNESOTA AVE

4. FEE Number

APPLIED FOR-59-3293500

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐

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

City & State

City & State

23 WINTER PARK FLORIDA

28 WINTER PARK FLORIDA

Zip

Country

Zip

Country

24 32789

25 USA

29 32789

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET,
TALLAHASSEE FL 32301

81 Name

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

1201 HAYS STREET

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
CD
BROWN, GREGORY H
639 LOYOLA AVENUE, STE 1700
NEW ORLEANS LA ☒ DELETE

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY- ST- ZIP
EXECUTIVE VICE PRESIDENT
WARWICK A. SYMPHENS
639 LOYOLA AVENUE, SUITE 1725
NEW ORLEANS, LOUISIANA 70113 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
LAZORITZ, MARTIN
1276 MINNESOTA AVENUE
WINTER PARK FL ☐ DELETE

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY- ST- ZIP
PD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
VD
MANDELKERN, I P
1276 MINNESOTA AVENUE
WINTER PARK FL ☐ DELETE

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP
SD ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
T
SYMON, PHILIP G
1276 MINNESOTA AVENUE
WINTER PARK FL ☐ DELETE

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY- ST- ZIP
000001799850
-04/29/96--01114--045
***200.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
EVANS, PETER J
156 PACIFIC HIGHWAY, STE 103
GREENWICH, NSW 2065 ☒ DELETE

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ DELETE

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP
☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARWICK D. SYMPHENS

02/16/96

Date

504-585-0514

Display Phone #

CR2E034 (12/95)