

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **F98000001093**

1. Entity Name

Psychiatric Solutions of Florida, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 16 AM 10:29

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

113 Seaboard Lane

Suite, Apt. #, etc.

Suite C-100

City & State

Franklin, TN

Zip

37067

Country

3. Mailing Address

113 Seaboard Lane

Suite, Apt. #, etc.

Suite C-100

City & State

Franklin, TN

Zip

37067

Country

4. FEI Number

62-1432340

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

NRAI Services, Inc.

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

526 E. Park Ave.

City

Tallahassee

FL

Zip Code

32301

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
President & Director
Joey A. Jacobs
113 Seaboard Lane, Suite C-100
Franklin, TN 37067

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary & Director
Steven T. Davidson
113 Seaboard Lane, Suite C-100
Franklin, TN 37067

TITLE
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or on an attachment with an address, with all other full employees.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/12/02
Date

(45) 312-5700
Daytime Phone #

CR2E034B (12/01)