

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90211 027 ***150.00

DOCUMENT # F98000001093

1. Entity Name
PSYCHIATRIC SOLUTIONS OF FLORIDA, INC



Principal Place of Business
**113 SEABOARD LANE
SUITE C-100
FRANKLIN, TN 37067**

Mailing Address
**113 SEABOARD LANE
SUITE C-100
FRANKLIN, TN 37067**

94070638



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04162004

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

62-1432340 62-1732340

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NRAI SERVICES, INC.
526 E PARK AVE
TALLAHASSEE, FL 32301**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME **JACOBS, JOEY A**
STREET ADDRESS **113 SEABOARD LANE SUITE C-100**
CITY-ST-ZIP **FRANKLIN, TN 37067**

TITLE SD ☐ Delete
NAME **DAVIDSON, STEVEN T**
STREET ADDRESS **113 SEABOARD LANE SUITE C-100**
CITY-ST-ZIP **FRANKLIN, TN 37067**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **T/V** ☐ Change ☒ Addition
NAME **Jack Polson**
STREET ADDRESS **113 Seaboard Lane Suite C-100**
CITY-ST-ZIP **Franklin, TN 37067**

TITLE **V** ☐ Change ☒ Addition
NAME **Brent Turner**
STREET ADDRESS **113 Seaboard Lane Suite C-100**
CITY-ST-ZIP **Franklin TN 37067**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jack Polson VP

4-26-04

Date

615-312-5700

Daytime Phone #