## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

		Secret	ary or State
DOCUMENT # F9800001409		04-29-200	4 90211 024 ***150.00
1. Entity Name			
RAMSAY YOUTH SERVICES OF FLORIDA, INC.			
Principal Place of Business Mailing Address			0.10.0.4.T
ONE ALHAMBRA PLAZA, STE. 750 ONE ALHAMBRA PLAZA, STE. CORAL GABLES, FL 33134 CORAL GABLES, FL 33134	750		
CORAL GABLES, FL 33134 CORAL GABLES, FL 33134			
Principal Place of Business . 3. Mailing Address			
113 Seaboard Lane 113 Seaboard	Lane		84
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.	_	04162004 Chg-P	CR2E034 (10/03)
City & State City & State	<u> </u>	4. FEI Number	Applied For
Franklin TN Franklin TI	<u>U</u>	65-0816927	Not Applicable
37067 Country 37067 Cou	untry US	5. Certificate of Status Desired	S8.75 Additional
6. Name and Address of Current Registered Agent	<u> </u>	7. Name and Address of New Reg	<u> </u>
CORPORATION SERVICE COMPANY	Name	لىدى ۋە ئەكىپىدىنى شاھ قاش سەستەن ئىلىنى <u>دىن ئىرىنى</u>	
CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address		(P.O. Box Number is Not Acceptable)	
TALLAHASSEE, FL 32301-2525			
3	City	,	Zip Code
O. The photo and with submits this state work to the sum of the size it so into	<u></u>	and a set of Flori	
<ol><li>The above named entity submits this statement for the purpose of changing its registe the obligations of registered agent.</li></ol>	erea office or registe	red agent, or both, in the State of Flori	da. I am familiar with, and accept
SIGNATURE			
	red Agent signature required	t when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Fina	ancing \$5	.00 May Be	
After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution		led to Fees	
10. OFFICERS AND DIRECTORS 11.		L ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 11
TITLE PD   ▼ Delete   TITLE	TLE P/C	)	ERS AND DIRECTORS IN 11
TITLE PD Delete TITT NAME CIBRAN, BERT G	TLE P/C	) J A. Jacobs	☐ Change 💢 Addition
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indicated on this report or supplier with this 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 4-24-04

615-312-5700

Daytime Phone #