


2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-29-2004 90211 025 ***150.00

DOCUMENT # F98000006228

1. Entity Name
RAMSAY TREATMENT SERVICES, INC.



Principal Place of Business Mailing Address

**ONE ALHAMBRA PLAZA, SUITE 750
CORAL GABLES, FL 33134-5217**

**ONE ALHAMBRA PLAZA, SUITE 750
CORAL GABLES, FL 33134-5217**

2. Principal Place of Business 3. Mailing Address

113 Seaboard Lane **113 Seaboard Lane**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite C-100 **Suite C-100**

City & State City & State

Franklin TN **Franklin TN**

Zip Country Zip Country

37067 **US** **37067** **US**

04162004 Chg-P CR2E034 (10/03)



4. FEI Number Applied For

65-0852413 Not Applicable

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. Election Campaign Financing **\$5.00 May Be Added to Fees**

Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CABRERA, MARCIO		NAME	Joey A. Jacobs	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL 331345217		CITY-ST-ZIP	Franklin TN 37067	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMELA, LUIS E		NAME	Steven T. Davidson	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL 331345217		CITY-ST-ZIP	Franklin TN 37067	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE	T/V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SOTO, MARIA E		NAME	Jack Polson	
STREET ADDRESS	ONE ALHAMBRA PLAZA, SUITE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	CORAL GABLES, FL 33134		CITY-ST-ZIP	Franklin TN 37067	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICO, JORGE		NAME	Brent Turner	
STREET ADDRESS	ONE ALHAMBRA PLAZA STE 750		STREET ADDRESS	113 Seaboard Lane Suite C-100	
CITY-ST-ZIP	MIAMI, FL 33134		CITY-ST-ZIP	Franklin TN 37067	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 #