## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F98000006228

1. Entity Name

RAMSAY TREATMENT SERVICES, INC.



FILED Feb 03, 2006 08:00 AM Secretary of State

Principal Place of Business

840 CRESCENT CENTRE DRIVE

SUITE 460 FRANKLIN, TN 37067 Mailing Address

840 CRESCENT CENTRE DRIVE SUITE 460

FRANKLIN, TN 37067



DO NOT WRITE IN THIS SPACE

01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0852413 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR. STE. 4 WESTON, FL 33331

## DO NOT WRITE IN THIS SPACE

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 life if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

1		
10.	OFFICERS AND DIREC	CTORS
TITLE HAME STREET AODRESS CITY-ST-ZIP	PD JACOBS, JORY A 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIDSON, STEVEN T 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067	
TITLE NAME STREET ADDRESS CITY-S7-ZIP	TV POLSON, JACK 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, BRENT 840 CRESCENT CENTRE DR #460 FRANKLIN, TN 37067	
TITLE HAME STREET ADDRESS CITY-ST-ZIP		
TITLE		

900000418777 02/14/06-90021-001 150.00

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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, it further certify that the information indicated on this report or supplemental report is true and eccurate and that my signature shall have the same legal effect as if made under cath, 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

Brent Turner

1-31-06

615-312-57100

Dane