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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G28610** (5)

1. Corporation Name
PSYCHIATRIC INSTITUTE OF DELRAY, INC.

Principal Place of Business: **5440 LINTON BLVD. DELRAY BEACH FL 33484**
Mailing Address: **3060 WILLIAMS DR. FAIRFAX VA 22031**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/21/1983	3a. Date of Last Report 04/14/1994
4. FEI Number 59-2330498	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	FOCHT, MICHAEL H SR
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	EVP
NAME	ANDERSONS, MARIS
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	SD
NAME	BROWN, SCOTT M
STREET ADDRESS	2700 COLORADO AVE.
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	CFO
NAME	MATHIASSEN, RAYMOND L
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AS
NAME	SILVER, RICHARD B
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404
TITLE	AT
NAME	MCMULLEN, TERENCE P
STREET ADDRESS	2700 COLORADO AVE
CITY - ST - ZIP	SANTA MONICA CA 90404

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	700001469207
1.4 CITY - ST - ZIP	-05/01/95 --01051 --010
2.1 TITLE	***200.00 ***200.00 Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	AP 4/27
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Scott M. Brown DATE: **4/24/95** 310/998-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON FILED COPY