

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **G28610 (5)**

1. Corporation Name

PSYCHIATRIC INSTITUTE OF DELRAY, INC.



Principal Place of Business

Mailing Address

5440 LINTON BLVD.
DELRAY BEACH FL 33484

3060 WILLIAMS DR.
FAIRFAX VA 22031

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc

26 2700 Colorado Avenue

22 City & State

27 Santa Monica, CA

23 Zip

24 Country

28 90404

29 U.S.A.

3. Date Incorporated or Qualified

03/21/1983

3a. Date of Last Report

04/27/1995

4. FEI Number

59-2330498

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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	***286/86--01011--005
82 Street Address (P.O. Box Number is Not Acceptable)	
83 City	***286/86--01011--005
84 City	FL
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 607.085, Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
<p>12.1 NAME: P FOCHT, MICHAEL H SR <input type="checkbox"/> DELETE</p> <p>12.2 STREET ADDRESS: 2700 COLORADO AVE</p> <p>12.3 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.2 NAME: Sr. VP & Asst. Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</p> <p>13.3 STREET ADDRESS: Maris Andersons</p> <p>13.4 CITY, ST, ZIP: 2700 Colorado Avenue</p> <p>13.5 CITY, ST, ZIP: Santa Monica, CA 90404</p>
<p>12.4 NAME: EVP ANDERSONS, MARIS <input type="checkbox"/> DELETE</p> <p>12.5 STREET ADDRESS: 2700 COLORADO AVE</p> <p>12.6 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.6 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>13.7 NAME: Sr. VP Scott M. Brown</p> <p>13.8 STREET ADDRESS: 2700 Colorado Avenue</p> <p>13.9 CITY, ST, ZIP: Santa Monica, CA 90404</p>
<p>12.7 NAME: SD BROWN, SCOTT M <input type="checkbox"/> DELETE</p> <p>12.8 STREET ADDRESS: 2700 COLORADO AVE.</p> <p>12.9 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.10 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>13.11 NAME: SVP Raymond L. Mathiasen</p> <p>13.12 STREET ADDRESS: 2700 Colorado Avenue</p> <p>13.13 CITY, ST, ZIP: Santa Monica, CA 90404</p>
<p>12.10 NAME: CFO MATHIASEN, RAYMOND L <input type="checkbox"/> DELETE</p> <p>12.11 STREET ADDRESS: 2700 COLORADO AVE</p> <p>12.12 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.14 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>13.15 NAME: Vice President Richard B. Silver</p> <p>13.16 STREET ADDRESS: 2700 Colorado Avenue</p> <p>13.17 CITY, ST, ZIP: Santa Monica, CA 90404</p>
<p>12.13 NAME: AS SILVER, RICHARD B <input type="checkbox"/> DELETE</p> <p>12.14 STREET ADDRESS: 2700 COLORADO AVE</p> <p>12.15 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.18 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p> <p>13.19 NAME: VP & Treasurer Terence P. McMullen</p> <p>13.20 STREET ADDRESS: 2700 Colorado Avenue</p> <p>13.21 CITY, ST, ZIP: Santa Monica, CA 90404</p>
<p>12.16 NAME: AT MCMULLEN, TERENCE P <input type="checkbox"/> DELETE</p> <p>12.17 STREET ADDRESS: 2700 COLORADO AVE</p> <p>12.18 CITY, ST, ZIP: SANTA MONICA CA 90404</p>	<p>13.22 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</p>

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 119.07(3)(g), 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 checked, or on an attachment with an address.

SIGNATURE:

Scott M. Brown Scott M. Brown

2/13/96

(310) 998-8427

CR2E034 (12/95)

Done 2/19/96