

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**APPROVED AND FILED**

1997 APR 29 PH 4: 46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 628610**

1. Corporation Name  
**PSYCHIATRIC INSTITUTE OF DELRAY, INC.**

Principal Place of Business Mailing Address  
**3820 State Street Santa Barbara, CA 93105** **c/o Mary Yumibe 3820 State Street Santa Barbara, CA 93105**

3. Date Incorporated or Qualified <b>5/5/83</b>	3a. Date of Last Report <b>1996</b>
4. FEI Number <b>59-2330498</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**9. Name and Address of Current Registered Agent**

**C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324**

**10. Name and Address of New Registered Agent**

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

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

**12. OFFICERS AND DIRECTORS**

TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>Timothy L. Pullen</b>
STREET ADDRESS	<b>14001 Dallas Parkway</b>
CITY-ST-ZIP	<b>Dallas, TX 75240</b>
TITLE	<b>V/S</b> <input type="checkbox"/> DELETE
NAME	<b>Richard B. Silver</b>
STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
TITLE	<b>V/T</b> <input type="checkbox"/> DELETE
NAME	<b>Terence P. McMullen</b>
STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
TITLE	<b>AS</b> <input type="checkbox"/> DELETE
NAME	<b>Alan Lundgren</b>
STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>Scott M. Brown</b>
STREET ADDRESS	<b>3820 State Street</b>
CITY-ST-ZIP	<b>Santa Barbara, CA 93105</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	<b>600002158846--6</b>
14. CITY-ST-ZIP	<b>04/29/97--01089--016</b>
21. TITLE	<b>***165.00</b> <input type="checkbox"/> ***165.00
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY-ST-ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY-ST-ZIP	
51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	
53. STREET ADDRESS	
54. CITY-ST-ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	
63. STREET ADDRESS	
64. CITY-ST-ZIP	

14. I do 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 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: *Alan Lundgren* **Alan Lundgren, Asst. Sec'y** 4/25/97 805/563-7075  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)