

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2004 8:00 A.M.
Secretary of State

DOCUMENT # G28610 1. Entity Name PSYCHIATRIC INSTITUTE OF DELRAY, INC.	
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Principal Place of Business % MARKY WILKIE Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105	Mailing Address % MARKY WILKIE Sherrie Smith 3820 STATE STREET SANTA BARBARA, CA 93105
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



01062004 Chg-P CR2E034 (10/03)

4. FEI Number 59-2330498	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P PULLEN, TIMOTHY L	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13737 NOEL ROAD	NAME	900029822559
STREET ADDRESS	DALLAS, TX 75240	STREET ADDRESS	03/03/04--01062--001 **17636.25
CITY-ST-ZIP	<input type="checkbox"/> Delete	CITY-ST-ZIP	Director/Secretary
TITLE	DVS	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SILVER, RICHARD B	STREET ADDRESS	Caitlin M. Larsen
STREET ADDRESS	3820 STATE STREET	CITY-ST-ZIP	3820 State Street
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	Santa Barbara, CA 93105
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENT, DENNIS L	NAME	
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	
TITLE	AS	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSEN, CAITLIN M	NAME	Asst. Secretary
STREET ADDRESS	3820 STATE STREET	STREET ADDRESS	Kristina A. Mack
CITY-ST-ZIP	SANTA BARBARA, CA 93105	CITY-ST-ZIP	3820 State Street
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	Santa Barbara, CA 93105
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
TITLE	<input type="checkbox"/> Delete	CITY-ST-ZIP	
NAME		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	

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: Kristina A. Mack Kristina A. Mack, Asst. Secretary 2/20/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #