PROFIT CORPORATION ANNUAL REPORT <b>1998</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS				FILED 98 MAR - 4 PH 12: 54				
OCUMENT # G40267 (8) Corporation Name PSYCHIATRIC FACILITY AT MEDFIELD, INC.							SECRETARY OF STATE TALLAHASSEE. FLORIDA				
20 STATI O MARY	ace of Business E STREET ' YUMIBE RBARA CA \$3105	13105			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
Principal	Place of Business	2a. M	ailing Address		<u> </u>		05/20 4, FEI Num		<u>    .                                </u>		pplied For
		26						295732		N	ot Applicable
uite, Ar	ot. <b>#, etc</b> .	27 Su	vite, Apt. #, etc.				5. Certifica	te of Status Desired		• • •	Additional lequired
ty & St	late		ty & State					Campaign Financing nd Contribution			May Be to Fees
ip	Country 25	2i; 29		Co 30	untry			poration owes or has p Property Tax due Jun	1		itangible X No
	9. Name and Address of Curre CT CORPORATION SYSTEM	nt Register	ed Agent		81 Name		0. Name s	nd Address of New R	egistered	Agent	
1	200 S. PINE ISLAND ROAD						(P.O. Box I	lumber is Not Accepta	able)		
P	LANTATION FL 33324				83			·····			
					84 City					65 Zip	Code
	nt to the provisions of Sections 607.05	00 and 007 a	(EQ) Finida Pint	the stars			tion or hards	this statement for the	FL		
office o	It to the provisions of sections our to		rouo, riunua otat	utes, me e	coove-name(		DOLL PODULING		purpose c	i changing i	registered
agent. I	r registered agent, or both, in the Stat I am familiar with, and accept the oblig	e of Florida gations of, Se	Such change was action 607.0505, f	authorize Iorida Sta	ed by the con itutes.	rporation	s board of c	irectors. I hereby acce	apt the app	Dointment as	Tegistereo
·	Lam familiar with, and accept the oblig E Signature typed or printed name of registered as	pations of, Se	plicable (NG	Torida Sta	ed by the con lutes. ed Agent signatur	rporation	hən reinstating)		DATE		
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