FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

0555072

PROFIT
CORPORATION
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G40267**

1. Corporation Name
PSYCHIATRIC FACILITY AT MEDFIELD, INC.

Principal Place of Business	Mailing Address
3820 STATE STREET **C/O MARY YUMIBE** **SANTA BARBARA CA 93105**	**3820 STATE STREET** **C/O MARY YUMIBE** **SANTA BARBARA CA 93105**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/20/1983

4. F.E.I. Number
52-1295732 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax [ ] Yes [x] 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	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 **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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and the capacity (NOTE: Registered Agent [illegible]) Date

12. OFFICERS AND DIRECTORS

TITLE	**SVPD**	[X] DELETE
NAME	**BROWN, SCOTT M SR**	
STREET ADDRESS	**3820 STATE STREET**	
CITY-ST-ZIP	**SANTA BARBARA CA 93105**	
TITLE	**P**	[ ] DELETE
NAME	**PULLEN, TIMOTHY L**	
STREET ADDRESS	**3820 STATE STREET**	
CITY-ST-ZIP	**SANTA BARBARA CA 93105**	
TITLE	**AS**	[x] DELETE
NAME	**LUNDGREN, ALAN**	
STREET ADDRESS	**3820 STATE STREET**	
CITY-ST-ZIP	**SANTA BARBARA CA 93105**	
TITLE	**VT**	[ ] DELETE
NAME	**MCMULLEN, TERENCE P**	
STREET ADDRESS	**3820 STATE STREET**	
CITY-ST-ZIP	**SANTA BARBARA CA 93105**	
TITLE	**VS**	[ ] DELETE
NAME	**SILVER, RICHARD B**	
STREET ADDRESS	**3820 STATE STREET**	
CITY-ST-ZIP	**SANTA BARBARA CA 93105**	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE		[ ] Change	[ ] Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE		[ ] Change	[ ] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE	AS	[ ] Change	[x] Addition
32 NAME	Caitlin M. Larsen		
33 STREET ADDRESS	3820 State Street		
34 CITY-ST-ZIP	Santa Barbara, CA 93105		
41 TITLE		[ ] Change	[ ] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE	DVS	[x] Change	[ ] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE		[ ] Change	[ ] Addition
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

000002848620--7
-04/23/99--01011--010
****150.00 ****150.00

14. 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 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, with all other like empowered.

SIGNATURE: Richard B. Silver, Secretary 4/9/99 805/563-7075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

CR2E034 (11/98)