## 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

DOCUMENT #

Principal Place of Business

PSYCHIATRIC INSTITUTE OF ORLANDO, INC.

3820 State Street Santa Barbara, CA 93105 Mailing Address

c/o Mary Yumibe 3820 State Street

Santa Barbara, CA 93105

**APPROVED** 

1997 APR 29 PH 4: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3a. Date of Last Report

3. Date Incorporated or Qualified

					5/21/84	1996
2. Procapa Pi	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			94~2992691	Not Applicab
Suite: Apt	#, etc	Suite: Apt. #, etc.				\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	☐ Added to Fees
Ζφ	Country	Zφ	Cour	itry	8. This corporation has liability for	intangible tax under s. 199.032,
24	25	29	30	•	Florida Statutes	Yes No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent
			Jı	81 Name		
C T Corporation System 1200 S. Pine Island Road				82 Street Address (P.O. Box Number is Not Acceptable)		
			Ĺ			
			ļ1	B4 City		85 Zip Code
11 Durenment t	a the provisions of Sections 607 0502	and 607 1508. Florida Stati	ites the shi	nve-named c	organization submits this statement for the n	* h=
office or re	egistered agent, or both, in the State of	I Florida. Such change was	authorized	by the corpo	orporation submits this statement for the poration's board of directors. I hereby accep	of the appointment as registered
agent La-	in familiar with, and accept the obligat	ions of, Section 607.0505, F	iorida Statu	(es.		
SIGNATURE	Surparare Type diox prested name of registered agent	and the decolerable 400	TE Panietore	Anont signer as as	equired when reinstating)	DATE
12.	OFFICERS AND		13.	Agent alghalore re	ADDITIONS/CHANGES TO OFFIC	
TOLE	P	DELETE	1170	F	ADDITIONAL THREE TO OFFICE	Change Addition
NAME	Timothy L. Pullen		1.2 NAM			
1	14001 Dallas Park				2000021	COR43F
STREET ADORESS	Dallas, TX 75240	# G y		EET ANDREME	しんだらい こうしいこう	158843E /9701089015
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blu						
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STREET ADDRESS	Richard B. Silver 3820 State Street	<del></del>	2 2 NAA 2 3 STR	ME EET ADDRESS	·····································	65.UU LERREIDSLAM
STREET ADDRESS CHY-SL-ZP	Richard B. Silver 3820 State Street Santa Barbara, CA	93105	2 2 NAA 2 3 STR 2 4 CIT	ME EET ADDRESS Y-ST-ZIP		55.UU Learne 1021-uu
STREET ADDRESS CHY-SL-ZiP	Richard B. Silver 3820 State Street	<del></del>	2.2 NAA 2.3 STR 2.4 CIT 3.1 TITU	ME EET ADDRESS Y-ST-ZIP E		Change Addition
STREET ADDRESS CHY-SL-ZiP	Richard B. Silver 3820 State Street Santa Barbara, CA	93105 DELETE	2 2 NAA 23 STR 2 4 CIT 3.1 TITL 3.2 NAA	AE EET ADDRESS Y-ST-ZIP E		55.UU Learne 1021-uu
STREET ADDRESS CITY-SL-ZIP TITLE NAME	Richard B. Silver 3820 State Street Santa Barbara, CA V/T	93105 DELETE	2 2 NAA 23 STR 2 4 CIT 3.1 TITL 3.2 NAA	ME EET ADDRESS Y-ST-ZIP E		55.UU Learne 1021-uu
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NAME STREET ADDRESS CHY-SE ZP THEE NAME STREET ADDRESS CHY-SE ZP THEE NAME	Richard B. Silver 3820 State Street Santa Barbara, CA V/T Terence P. McMull 3820 State Street Santa Barbara, CA AS Alan Lundgren	93105 DELETE en	22 NAA 23 STR 2 4 CIT 3.1 TITL 3.2 NAA 3.3 STR 3.4 CIT	ME EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E		Change Addition
STREET ADDRESS CHY-SL-ZP THEE NAME STREET ADDR.SS CHY-SL-ZP THEE NAME	Richard B. Silver 3820 State Street Santa Barbara, CA V/T Terence P. McMull 3820 State Street Santa Barbara, CA	93105 DELETE en	2 2 NAM 23 STR 2 4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM	ME EET ADDRESS Y-ST-ZIP E AE EET ADDRESS Y-ST-ZIP EET ADDRESS Y-ST-ZIP E		Change Addition
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reformation inclinated 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 Lab amofficer or prector 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, Asst. Sec'y Alan Lundgren, SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/25/97

805/563-7075