FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J12482** **(2)**

1. Corporation Name
MAINSTREAM, INC.

Principal Place of Business	Mailing Address
% PHYLLIS STRATOTI 1276 MINNESOTA AVENUE WINTER PARK FL 32789	C/O RAMSAY HEALTH CARE 39 LOYOLA AVE., #1700 NEW ORLEANS LA 70113

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/30/1986	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2666025	☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26 639 LOYOLA AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # 1700
City & State 23	City & State 28 NEW ORLEANS LA.
Zip 24 / Country 25	Zip 29 70113 / Country 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	LAZORITZ, MARTIN	12 NAME		
STREET ADDRESS	1276 MINNESOTA AVE. #200	13 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP		
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	MANDELKERN, I, PAUL	22 NAME		
STREET ADDRESS	1276 MINNESOTA AVE. #200	23 STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP		
TITLE	VT	31 TITLE	TREASURER	☒ Change ☐ Addition
NAME	EUMONT, JACK, V	32 NAME	PHILIP G. SYMON	
STREET ADDRESS	639 LOYOLA AVE. #1700	33 STREET ADDRESS	1276 MINNESOTA AVENUE	
CITY-ST-ZIP	NEW ORLEANS LA 70113	34 CITY-ST-ZIP	WINTER PARK, FLORIDA 32789	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	~~BROWNE, LUIS, E~~	42 NAME	GREGORY N. BROWNE	
STREET ADDRESS	639 LOYOLA AVE #1700	43 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70113	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	~~LAMELA, LUIS~~	52 NAME	MARTIN LAZORITE	
STREET ADDRESS	639 LOYOLA AVE #1700	53 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70113	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	SODEN, BRUCE, R	62 NAME		
STREET ADDRESS	639 LOYOLA AVE #1700	63 STREET ADDRESS		
CITY-ST-ZIP	NEW ORLEANS LA 70113	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ GREGORY N. BROWNE 4/25/95 504-525-2606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047P04 FP