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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # L15883 (6)

1. Corporation Name
FLORIDA PSYCHIATRIC MANAGEMENT, INC.



Principal Place of Business

% I. PAUL MANDELKERN
1276 MINNESOTA AVE
WINTER PARK FL 32789

Mailing Address

~~C/O RAMSAY HEALTH CARE, INC.~~
~~639 LOYOLA AVE. #1700~~
~~NEW ORLEANS LA 70113-9182~~

3. Date Incorporated or Qualified 09/13/1989 3a. Date of Last Report 05/01/1996

4. FEI Number 59-3007356 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

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 1276 Suite, Apt. #, etc.

27 City & State

28 WINTER PARK FLORIDA

29 Zip

30 Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEMS
1200 SOUTH 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: (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LAZORITZ, MARTIN	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	WARWICK, SYPHERS	
STREET ADDRESS	639 LOYOLA AVE SUITE 1725	
CITY - ST - ZIP	NEW ORLEANS LA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	I. PAUL MANDELKERN	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PHILIP G. SYMON	
STREET ADDRESS	1276 MINNESOTA AVE	
CITY - ST - ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	ONE ALHAMBRA PLAZA SUITE 750
2.4 CITY - ST - ZIP	CORAL GABLES, FL 33134
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MANDELKERN, I. PAUL
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SYMON, PHILIP G.
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WARWICK SYPHERS 02/03/97

504-585-0514

Date

Daytime Phone #

CR2E034 (9/96)