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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
1276 Minnesota Avenue Winter Park, FL 32789	1276 Minnesota Avenue Winter Park, FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/13/1989
Date of Last Report: 05/01/1997

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. # etc 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

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 607.0505 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 of New Registered Agent if changing) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	Cibran, Bert G.	12 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	13 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	14 CITY-ST-ZIP	
TITLE	EVP/D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	Lang, Carol C.	22 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	23 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	24 CITY-ST-ZIP	
TITLE	EVP ☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	Lazoritz, Martin	32 NAME	
STREET ADDRESS	1276 Minnesota Avenue	33 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	34 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	Mandelkern, I. Paul	42 NAME	
STREET ADDRESS	1276 Minnesota Avenue	43 STREET ADDRESS	
CITY-ST-ZIP	Winter Park, FL 32789	44 CITY-ST-ZIP	
TITLE	VP/S/T ☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	Sims, Daniel A.	52 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	53 STREET ADDRESS	000002524850
CITY-ST-ZIP	Coral Gables, FL 33134	54 CITY-ST-ZIP	-05/15/98--01013--009 SUSN
TITLE	AS ☐ DELETE	61 TITLE	***150.00 ☐ Change ☐ Addition
NAME	Diaz, Isa	62 NAME	
STREET ADDRESS	One Alhambra Plaza, Suite 750	63 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33134	64 CITY-ST-ZIP	

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 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 added above.

SIGNATURE: I. Paul Mandelkern 4/27/98 (407) 647-6153
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)