

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 22, 1999 8:00 am**  
**Secretary of State**

04-22-1999 90043 038 \*\*\*150.00

**DOCUMENT # L15883**

1. Corporation Name  
**FLORIDA PSYCHIATRIC MANAGEMENT, INC.**

Principal Place of Business  
**1276 MINNESOTA AVE  
WINTER PARK FL 32789**

Mailing Address  
**1276 MINNESOTA AVE  
WINTER PARK FL 32789**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/13/1989**

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1500 WATERS RIDGE DRIVE

22 City & State

27 City & State  
**LEWISVILLE, TX**

23 Zip

Country

28 Zip

Country

24

25

29 75057

30

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **CIBRAN, BERT G**  
STREET ADDRESS **ONE ALHAMBRA PLAZA**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition  
1.2 NAME **LINDA LAITNER**  
1.3 STREET ADDRESS **1500 WATERS RIDGE DRIVE**  
1.4 CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **EVPD** ☒ DELETE  
NAME **LANG, CAROL C.**  
STREET ADDRESS **ONE ALHAMBRA PLAZA, STE 750**  
CITY-ST-ZIP **CORAL GABLES FL**

2.1 TITLE **EXECUTIVE VICE PRESIDENT** ☐ Change ☒ Addition  
2.2 NAME **JAMES W. MCATEE**  
2.3 STREET ADDRESS **1500 WATERS RIDGE DRIVE**  
2.4 CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **EVP** ☒ DELETE  
NAME **LAXORTZ, MARTIN**  
STREET ADDRESS **1276 MINNESOTA AVE**  
CITY-ST-ZIP **WINTER PARK FL 32789**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition  
3.2 NAME **JAMES W. MCATEE**  
3.3 STREET ADDRESS **1500 WATERS RIDGE DRIVE**  
3.4 CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **VP** ☒ DELETE  
NAME **MANDELKERN, PAUL I**  
STREET ADDRESS **1276 MINNESOTA AVE**  
CITY-ST-ZIP **WINTER PARK FL**

4.1 TITLE **TREASURER** ☐ Change ☒ Addition  
4.2 NAME **JAMES W. MCATEE**  
4.3 STREET ADDRESS **1500 WATERS RIDGE DRIVE**  
4.4 CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **VPST** ☒ DELETE  
NAME **SIMS, DANIEL A**  
STREET ADDRESS **ONE ALHAMBRA PLAZA, SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

5.1 TITLE **DIRECTOR** ☐ Change ☒ Addition  
5.2 NAME **JAMES W. MCATEE**  
5.3 STREET ADDRESS **1500 WATERS RIDGE DRIVE**  
5.4 CITY-ST-ZIP **LEWISVILLE, TX 75057**

TITLE **AS** ☒ DELETE  
NAME **DIAZ, ISA**  
STREET ADDRESS **ONE ALHAMBRA PLAZA, SUITE 750**  
CITY-ST-ZIP **CORAL GABLES FL 33134**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 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:

**JAMES W. MCATEE** REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(972) 420-8350

Daytime Phone #

CR2E034 (1/98)