

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001451

FILED  
Apr 07, 2004  
Secretary of State

**Entity Name:** ERITREAN PSYCHIATRIC FOUNDATION, INC.

**Current Principal Place of Business:**

1408 SAN MARCO BLVD  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

**Current Mailing Address:**

1408 SAN MARCO BLVD  
JACKSONVILLE, FL 32207

**New Mailing Address:**

**FEI Number:** 06-1643758

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SALEH, M. M.D.  
1408 SAN MARCO BLVD  
JACKSONVILLE, FL 32207

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: SALEH, M. M.D.  
Address: 1408 SAN MARCO BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete  
Name: HAYES, EMMA LNHC  
Address: 1878 SEMINOLE RD.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD ( ) Delete  
Name: TAYLOR, BARBARA ARNP  
Address: 1562 LAKESIDE DR.  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: VPD ( ) Delete  
Name: MICHAELS, REBECCA  
Address: 4456 SANDPIER LN.  
City-St-Zip: FERNANDINA BEACH, FL 32034

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: MOBLEY, DAVID MD  
Address: 1408 SAN MARCO BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VPD (X) Change ( ) Addition  
Name: CODY, WILLIAM MD  
Address: 1408 SAN MARCO BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** MOHAMED O SALEH

P

04/07/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date