

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 30, 2004  
Secretary of State**

DOCUMENT# N02000008658

Entity Name: PSP OF LEON COUNTY, INC.

**Current Principal Place of Business:**

1615 HOLTON ST  
TALLAHASSEE, FL 32310

**New Principal Place of Business:**

**Current Mailing Address:**

1615 HOLTON ST  
TALLAHASSEE, FL 32310

**New Mailing Address:**

FEI Number: 37-1452149      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARGRETT, ELLA L  
1615 HOLTON ST  
TALLAHASSEE, FL 32310      US

**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: PD ( ) Delete  
Name: RIGGINS, ADRIENNE  
Address: 509 E. MAGNOLIA DR.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD ( ) Delete  
Name: WILLIAMS, CHERYL  
Address: 1007 RAYMOND TUCKER RD.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: FSD ( ) Delete  
Name: BIVINS, LETISHA  
Address: 8668 WIDE RD.  
City-St-Zip: TALLAHASSEE, FL 32305

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

Title: PD (X) Change ( ) Addition  
Name: BENNETT, SALLIE  
Address: 3506 TOUCAN DRIVE  
City-St-Zip: TALLAHASSEE, FL 32305

Title: VD (X) Change ( ) Addition  
Name: BIVINS, LETISHA  
Address: 8665 WIDE ROAD  
City-St-Zip: TALLAHASSEE, FL 32305

Title: TD (X) Change ( ) Addition  
Name: WILLIAMS, SCHNELLE  
Address: 2708-B VIA MILANO AVENUE  
City-St-Zip: TALLAHASSEE, FL 32303

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: LETISHA BIVINS

VD

04/30/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date