

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
Feb 27 1997 8:00am
Secretary of StateDOCUMENT # N96000002859
1. Corporation Name

Psychiatric Resource Center, Inc.

Principal Place of Business

Mailing Address

251A Royal Palm Way, St. #300
Palm Beach, FL. 334807512 West Lake Drive
WPB, FL. 334063. Date Incorporated or Qualified
May 23, 19963a. Date of Last Report
N.A.

2. Principal Place of Business

2a. Mailing Address

21

26

7512 West Lake Drive

4. FEI Number

65-0636798

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

City & State

City & State

23

28

West Palm Beach, FL.

6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

29

33406

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sally Larsen

251A Royal Palm Way, Suite #300
Palm Beach, FL. 33480

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 617.0502 and 617.1508, 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 617.0503, 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	Treasurer	T/D	<input checked="" type="checkbox"/> DELETE
NAME	Ava Rhodes		
STREET ADDRESS	1225 S. N. St.		
CITY-ST-ZIP	Lake Worth, FL. 33460		

TITLE	Vice President	V/S/D	<input checked="" type="checkbox"/> DELETE
NAME	Edith Rhodes		
STREET ADDRESS	1178 N. Lake Way		
CITY-ST-ZIP	Palm Beach, FL. 33480		

TITLE	Secretary		<input checked="" type="checkbox"/> DELETE
NAME	Edith Rhodes		
STREET ADDRESS	1178 N. Lake Way		
CITY-ST-ZIP	Palm Beach, FL. 33480		

TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

1.1 TITLE	President	P/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jess F. Rhodes, MD		
1.3 STREET ADDRESS	1178 N. Lake Way		
1.4 CITY-ST-ZIP	Palm Beach, FL. 33480		

2.1 TITLE	Vice President	V/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gary Chapman		
2.3 STREET ADDRESS	1201 US Hwy 1, Suite #36		
2.4 CITY-ST-ZIP	North Palm Beach, FL. 33408		

3.1 TITLE	Treasurer		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary Chapman		
3.3 STREET ADDRESS	1201 US Hwy 1, Suite #36		
3.4 CITY-ST-ZIP	North Palm Beach, FL. 33408		

4.1 TITLE	Secretary	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Marlene Monserrate		
4.3 STREET ADDRESS	1102 N.W., 10th Court		
4.4 CITY-ST-ZIP	Boynton Beach, FL. 33426		

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			

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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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jess F. Rhodes, MD

Feb. 19, 1997

561 848-9400

Date

Daytime Phone #

CR2E037 (9/96)