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**NONPROFIT** CORPORATION ANNUAL REPORT

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N96000002859

Psychiatric Resource Center, Inc.

Principal Place of Business

Mailing Address

**FILED** Feb 27 1997 8:00am Secretary of State

2. Principal Place of Business 2. Applied For Solid Status 2. Suite, Apt # etc. Suit		oyal Palm Way,St.#30 each, FL. 33480	0 7512 West La WPB, FL. 33		ve			- District Control
Superior						3. Date Incorporated or Qualified May 23, 1996	3a. Data of Last	Heport
Suite. Apt # etc   22   27   27   28   32.75 Additional   58.75 Additi	2. Principal P	Place of Business	2a. Mailing Address	<u> </u>			1	Applied For
Suite, Apt #, etc  27  27  City & State  City & State  28  West Palm Beach, FL.  Country  29  20  Country  20  Country  20  Country  21  22  23  24  25  26  27  27  28  29  33406  30  15A  Florida Statutes  Flo	21		7512 West La	ake Dri	ve	65-0636798		Not Applicable
23	Suite, Apl	#. etc.				5. Certificate of Status Desired		
Zip Country Zip Country Zip Country Size Size Size Size Size Size Size Size		е	<b>⊢</b> ¬ '	each FI.				
9. Name and Address of Current Registered Agent  Sally Larsen 251A Royal Palm Way, Suite #300 Palm Beach, FL. 33480  64 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 register of 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 term familiar with, and accept the obligations of Section 617.0503, Florida Statutes.  SIGNATURE Signature typed or predoctname of registered agent and late if application  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  14. INTIL  NAME  AVA Rhodes  12. OFFICERS AND DIRECTORS  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONSCHANGES TO OFFICERS AND DIRECTORS IN 12  14. INTIL  President P/D  AVA Rhodes  12. N. Lake Way  DIV SI-2P  Lake Worth, FL. 33460  DIV SI-2P  Lake Worth, FL. 33460  DIV SI-2P  Lake Worth, FL. 33460  DIV SI-2P  Palm Beach, FL. 33480  SIREI ADDRES	Zip	— ·	Zip	Country		· · · · · · -		s. 199.032,
Sally Larsen 251A Royal Palm Way, Suite #300 Palm Beach, FL. 33480  11. Pursuant to the provisions of Sections 617 0502 and 617 1508. Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of signal and copy the corporation submits this statement for the purpose of changing its register of signal and copy the corporation submits this statement for the purpose of changing its register of signal and copy the corporation submits this statement for the purpose of changing its register of agent. I am familiar a furplication of Section 617 0502, Florida Statules.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Tressurer  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16. Tressurer  17. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Tressurer  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Tressurer  11. Pursuant to the provisions of Sections 617 0502, Florida Statules, the above-named corporation submits this statement for the purpose of changing its register of the original statement of register appointment as register of force or register appointment as register agent. The above harms of directors. I hereby accept the appointment as register agent. The appointment as registe	24			IN USA				
251A Royal Palm Way, Suite #300 Palm Beach, FL. 33480  26 City PL 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 register of agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE Signature:			Titylatored Ryone	81	Name	10. 100110 0110 7001000 011100 110		
Palm Beach, FL. 33480  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 register agent. I am familiar with, and accept the obligations of, Section 617 0503, Florida Statutes.  SIGNATURE  Signature: Speed or prelied name of registered agent and life if applicable (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Tree surer  AVA Rhodes  SIREI ADDRISS  1225 S. N. St.  135IREI ADDRISS  1225 S. N. St.  135IREI ADDRISS  1278 N. Lake Way  14CIV-SI-ZIP  Palm Beach, FL. 33480  14CIV-SI-ZIP  North Palm Beach, FL. 33490  14CIV-SI-ZIP  NORTH Palm Beach, FL. 3349		-						
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 register of 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 late if applicable  Ava Rhodes  SIREH ADDRISS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  14. Type Burrer T/D  Ava Rhodes  SIREH ADDRISS  1225 S. N. St.  CITY SI-2IP  Lake Worth, FL. 33460  Intit  Vice President V/S/D  Edith Rhodes  SIREH ADDRISS  1178 N. Lake Way  DELETE  1171 INTE  22 MAME  23 SIRREH ADDRISS  1201 US Hwy 1, Suite #36  North Palm Beach, FL. 33408 Change EMAC  SIREH ADDRISS  1178 N. Lake Way  DELETE  31 TITE  AMME  Secretary  Edith Rhodes  SIREH ARNOSS  SIREH ADDRISS  SIREH ADDRESS		251A Royal Palm	Way, Suite #300	82	Street Addre	ess (P.O. Box Number is Not Acceptat	ye)	
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 register of 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 idle if applicable  Signature typed or printed name of registered agent a				83				
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 register 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 late if applicable (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. Title  Tressurer  T/D  AVA Rhodes  SIREI ADDRISS  1225 S. N. St.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11. TITLE  President  P/D  Change MAC  12 MAKE  12 MAKE  SIREI ADDRISS  12 MAKE  SIREI ADDRISS  1178 N. Lake Way  1178 N. Lake Way  22 MAKE  Gary Chapman  1201 US Hwy 1, Suite #36  Change  Add  Tressurer  Tressurer  Tressurer  Gary Chapman  1201 US Hwy 1, Suite #36  Change  Tressurer  Gary Chapman  1201 US Hwy 1, Suite #36  1178 N. Lake Way  1178 N. Lake Way  1178 N. Lake Way  24 CITY-SI-2IP  Fig. 1 Mac  SIREI ADDRISS  1178 N. Lake Way  1178 N. Lake Way  24 CITY-SI-2IP  Fig. 1 Mac  SIREI ADDRISS  1178 N. Lake Way  24 CITY-SI-2IP  Fig. 1 Mac  SIREI ADDRESS  1178 N. Lake Way  25 SIREI ADDRESS  1178 N. Lake Way  1201 US Hwy 1, Suite #36								
clifice 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 typicd or printed name of registered agent and life if applicable  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Tressurer T/D Delete 1.1 Title President P/D Description of the property of the president P/D Description of the president P/D D				64	City		FL 85 2	o Code
SIGNATURE  Signature: typed or printed name of registered agent and late if applicable  OFFICERS AND DIRECTORS  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Tressurer T/D  Ava Rhodes  SIREELADORISS  1225 S. N. St.  CHY ST-ZIP  Lake Worth, FL. 33460  INTILL  Vice President V/S/D  NAME  Edith Rhodes  SIREELADORISS  1178 N. Lake Way  Palm Beach, FL. 33480  CHY-ST-ZIP  Palm Beach, FL. 33480  CHY-ST-ZIP  Palm Beach, FL. 33408  CHY-ST-ZIP  Palm Beach, FL. 33408  CHY-ST-ZIP  North Palm Beach, FL. 33408  CHANGE  SECRETARY  Edith Rhodes  SIREELADORESS  SIREELADORESS  1178 N. Lake Way  Palm Beach, FL. 33408  Change MAG  Treasurer  Gary Chapman  1201 US Hwy 1, Suite #36  Change MAG  Treasurer  Gary Chapman  1201 US Hwy 1, Suite #36  Change MAG  Treasurer  Gary Chapman  1201 US Hwy 1, Suite #36  Change MAG  Treasurer  Gary Chapman  1201 US Hwy 1, Suite #36	office or r	registered agent, or both, in the State of	of Florida. Such change was a	authorized by i	named corp the corporati	oration submits this statement for the points board of directors. I hereby acception's	surpose of changing of the appointment in	its registered as registered
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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 path,	14. I do here	by certify that the information supplied	with this filing does not qualif	fy for the exert	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further certify th	at the

appears in Block 12 or Block 13 if changed, or on an attachment with an address. 561 848-9400

Jess F. Rhodes, MD

Feb. 19, 1997

Daytime Phone #