FILE NOW: FILING FEE IS $61.25

FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000002859

1. Corporation Name
PSYCHIATRIC RESOURCE CENTER

Principal Place of Business
251A ROYAL PALM WAY, SUITE 300
PALM BEACH, FL 33480

Mailing Address

3. Date Incorporated or Qualified: 5-23-96

4. FEI Number: 65-0636798 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 1178 N Lake Way
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 PB FL. PALM BEACH
Zip 24 / Country 25	Zip 29 33480 / Country 30 USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~Jess F. Rhodes~~ SALLY LARSEN	81 Name: Jess F. Rhodes.
~~1178 N. LAKE WAY~~ 251A ROYAL PALM WAY - #300	82 Street Address (P.O. Box Number is Not Acceptable): 1178 N Lake Way
PALM BEACH, FL ~~33406~~ 33480	83 Palm Beach, FL.
	84 City: Palm Beach, FL 85 Zip Code: 33480

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: X Jess F Rhodes JESS F. RHODES 03/28/99
(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 B	President (P)	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	J F. Rhodes.		1.2 NAME		
STREET ADDRESS	1178 N Lake Way		1.3 STREET ADDRESS		
CITY-ST-ZIP	Palm Beach, FL. 33480		1.4 CITY-ST-ZIP		
TITLE D	Vice President (V)	☑ DELETE address	2.1 TITLE D	VICE PRESIDENT (V)	☑ Change ☐ Addition
NAME	Gary Chapman		2.2 NAME	GARY L. CHAPMAN ESQ.	
STREET ADDRESS	1201 US Hwy 1 Suite #36		2.3 STREET ADDRESS	5350 BELVEDERE RD. #2	
CITY-ST-ZIP	NPB, FL 33408 (N. PALM BEACH)		2.4 CITY-ST-ZIP	W. PALM BEACH, FL, 33405	
TITLE D	~~Treasurer (S)~~ a	☐ DELETE	3.1 TITLE D	Treasurer	☐ Change ☑ Addition
NAME	~~Gary Chapman~~ Gary Chapman		3.2 NAME	Shawn Elliot, 132 WETTAWLANE #112	
STREET ADDRESS	1201 US Hwy 1, Suite #36		3.3 STREET ADDRESS	132 Wettawlane #112	
CITY-ST-ZIP	NPB, FL 33408 (N. PALM BEACH)		3.4 CITY-ST-ZIP	PBG, FL. 33408 (PALM BEACH GARDENS)	
TITLE D	Secretary (S)	☐ DELETE	4.1 TITLE	300002488995	☐ Change ☐ Addition
NAME	Marlene Monserrate		4.2 NAME	-04/14/98--01070--015	
STREET ADDRESS	1102 NW 10th Ct.		4.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	Boynton Bch, FL. 33426		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		PE 4.13

CR2E037 (10/97)

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

SIGNATURE: X Jess F Rhodes JESS F. RHODES 03/28/99 561-832-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #