

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000002859

1. Entity Name

PSYCHIATRIC RESOURCE CENTER, INC.

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90119 049 ****61.50

Principal Place of Business	Mailing Address
500 AUSTRALIAN AVENUE SOUTH 110 WEST PALM BEACH FL 33401	500 AUSTRALIAN AVENUE SOUTH 110 WEST PALM BEACH FL 33401

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
65-0636798	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RHODES, JESS F
1178 N LAKE WAY
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RHODES, J.F.	
STREET ADDRESS	1178 N LAKE WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, GARY L ESQ	
STREET ADDRESS	836 BELVEDERE RD. #2	
CITY-ST-ZIP	W PALM BEACH FL 33405	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	MONSERRATE, MARLENE	
STREET ADDRESS	1102 NW 10TH CT	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ELLIOT, SHAWN	
STREET ADDRESS	132 WETTAWLANE #112	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD COOKSEY, GEORGE 2601 BRADWAY PALM BEACH, FL 33404 DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: JESS F. RHODES 4-25-2002 561-832-0922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)