2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2004
Secretary of State

DOCUMENT# N96000002859

Entity Name: PSYCHIATRIC RESOURCE CENTER, INC.

Current Principal Place of Business:

500 AUSTRALIAN AVNEUE SOUTH
110
WEST PALM BEACH, FL 33401

New Principal Place of Business:

500 AUSTRALIAN AVNEUE SOUTH
120
WEST PALM BEACH, FL 33401

Current Mailing Address:

500 AUSTRALIAN AVNEUE SOUTH
110
WEST PALM BEACH, FL 33401

New Mailing Address:

500 AUSTRALIAN AVNEUE SOUTH
120
WEST PALM BEACH, FL 33401

FEI Number: 65-0636798 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RHODES, JESS F
1178 N LAKE WAY
PALM BEACH, FL 33480 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: RHODES, J.F.
Address: 1178 N LAKE WAY
City-St-Zip: PALM BEACH, FL 33480

Title: VTD ( ) Delete
Name: COOKSEY, GEORGE
Address: 2601 BROADWAY
City-St-Zip: RIVERA BEACH, FL 33404

Title: DS ( ) Delete
Name: ELLIOT, SHAWN
Address: 132 WETTAWLANE #112
City-St-Zip: PALM BEACH GARDENS, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change ( ) Addition
Name: ELLIOT, SHAWN
Address: 5026 S.W. MELROSE COURT
City-St-Zip: PALM CITY, FL 34990

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: JESS F. RHODES PD 04/07/2004

Electronic Signature of Signing Officer or Director — Date