



**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N96000002859</b>														
1. Entity Name PSYCHIATRIC RESOURCE CENTER, INC.														
Principal Place of Business 500 AUSTRALIAN AVENUE SOUTH 120 WEST PALM BEACH, FL 33401	Mailing Address 500 AUSTRALIAN AVENUE SOUTH 120 WEST PALM BEACH, FL 33401	  04282006 No Chg-NP CR2E037 (4/06) <table border="1"><tr><td>4. FEI Number 65-0636798</td><td>Applied For Not Applicable</td></tr><tr><td colspan="2">5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></td></tr></table>	4. FEI Number 65-0636798	Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
4. FEI Number 65-0636798	Applied For Not Applicable													
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>														
<b>DO NOT WRITE IN THIS SPACE</b>														
6. Name and Address of Current Registered Agent  RHODES, JESS F 1178 N LAKE WAY PALM BEACH, FL 33480		<b>DO NOT WRITE IN THIS SPACE</b>												
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. I am familiar with, and accept the obligations of registered agent.														
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____														
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>												
<b>10. OFFICERS AND DIRECTORS</b> <table border="1"><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>PD RHODES, J.F. 1178 N LAKE WAY PALM BEACH, FL 33480</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>VTD COOKSEY, GEORGE 2601 BROADWAY RIVERA BEACH, FL 33404</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td>DS ELLIOT, SHAWN 5026 S.W. MELROSE COURT PALM CITY, FL 34990</td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr><tr><td>TITLE NAME STREET ADDRESS CITY-ST-ZIP</td><td></td></tr></table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, J.F. 1178 N LAKE WAY PALM BEACH, FL 33480	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOKSEY, GEORGE 2601 BROADWAY RIVERA BEACH, FL 33404	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIOT, SHAWN 5026 S.W. MELROSE COURT PALM CITY, FL 34990	TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		<b>DO NOT WRITE IN THIS SPACE</b>  UN00000549064 05/13/06-60006-005 70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, J.F. 1178 N LAKE WAY PALM BEACH, FL 33480													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD COOKSEY, GEORGE 2601 BROADWAY RIVERA BEACH, FL 33404													
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ELLIOT, SHAWN 5026 S.W. MELROSE COURT PALM CITY, FL 34990													
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
TITLE NAME STREET ADDRESS CITY-ST-ZIP														
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.														
<b>SIGNATURE:</b> <u>Jess Rhodes</u> <u>Jess Rhodes</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>4-26-06</u> <u>561-832-0922</u> <small>Date Daytime Phone #</small>												