

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 A
Secretary of State

DOCUMENT # N96000002859

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



01182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0636798

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME RHODES, J.F.
STREET ADDRESS 1178 N LAKE WAY
CITY-ST-ZIP PALM BEACH, FL 33480

TITLE VTD
NAME COOKSEY, GEORGE
STREET ADDRESS 2601 BROADWAY
CITY-ST-ZIP RIVERA BEACH, FL 33404

TITLE DS
NAME ELLIOT, SHAWN
STREET ADDRESS 5026 S.W. MELROSE COURT
CITY-ST-ZIP 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

U00000757374
05/23/07-80069-003 61.25

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IN THIS SPACE**

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.

SIGNATURE:

Jess Rhodes

4-27-07

561-832-0922

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #