2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 17, 2006 8:00 am Secretary of State

DOCUMENT # P0100096809 1. Entity Name GULF BREEZE PSYCHIATRIC SERVICES, P.A.						03-17-2006 9	90132 00	7 ***150	0.00
Principal Place of Business 1221 E. DESOTO ST PENSACOLA, FL 32501		Mailing Address 1221 E. DESOTO ST PENSACOLA, FL 32501					DI 1844 BOND 184	·1501 (4 2504	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202006	Chg-P	CR2E03	14 (11/05)		
City & State		City & State			4. FEI Number 59-3751			_ 	plied For t Applicable
Zíp	Country	Zip Count		try	5. Certificate o	f Status Desired	٠, ١	8.75 Add ee Required	itional
	6. Name and Address of Current	t Registered Agent			7. Name and A	Address of New R	egistered A	gent	
				Name					
MITCHELL, WILLIAM R 3298 SUMMIT BLVD STE 29 PENSACOLA, FL 32503		Street Address		Street Address ((P.O. Box Number is Not Acceptable)				
LINOROO									
e e				City			FL	Zip Code	
	named entity submits this statement for a control of registered agent.	or the purpose of changing its r	registere	ed office or register	red agent, or both	, in the State of Flo	rida. 1 am f	amiliar with,	and accept
SIGNATURE.	F								
	Signature, typed or printed name of registered agen	and title if applicable. (NOTE:	: Registerer	d Agent signature required	d when reinstating)		DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campaig Trust Fund Contri			.00 May Be led to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/0	CHANGES TO OFF	ICERS AND		
TITLE	PSTD	☐ Delete	TETLE					Change	Addition
NAME STREET ADDRESS	CONRAD, MICHAEL P 1221 E.M DESOTO ST		NAM STRE	ET ADORESS					
CITY-\$T-ZIP	PENSAÇOLA, FL 32501			-ST-ZIP					1
TITLE		☐ Delete	TITLE	:				Change	☐ Addition
NAME			NAM	E					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZTP			CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE				-	Change	Addition
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
TITLE									
NAME		☐ Delete	TITL					☐ Change	■ Addition
160ME		☐ Delete	TITLI					☐ Change	☐ Addition
STREET ADDRESS		☐ Delete	NAM STRE	EET ADORESS				☐ Change	∐ Addition
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STREET ADDRESS CITY+ST-ZIP TITLE		☐ Delete	NAM STRE CITY TITL	EET ADORESS -ST-ZUP				☐ Change	Addition Addition
STREET ADDRESS CITY+ST+ZIP			NAM STRE CITY TITU NAM	EET ADORESS -ST-ZUP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME			STRE CITY TITLI NAM STRE	EET ADORESS -ST-ZIP E					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			STRE CITY TITLI NAM STRE	EE EET ADORESS -ST-ZIP EE EEET ADORESS -ST-ZIP -ST-ZIP					
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAM STRE CITY TITL NAM STRE CITY	EE EE ADORESS -ST-ZIP EE EE EE EEE ADORESS -ST-ZIP EE EEE ADORESS -ST-ZIP E				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ Delete	NAM STRE CITY TITL NAM STRE CITY TITL NAM STRI	EE EET ADORESS -ST-ZIP E E E E E E E E E E E E E E E E E E E			-	Change	☐ Addition

I hereby certify that the information supplied with this fiting 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an Abdress, with all other life empowered.

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR