

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006846

FILED
Apr 28, 2004
Secretary of State

Entity Name: CORNERSTONE PSYCHIATRIC SERVICES, INC.

Current Principal Place of Business:

5811 VANDERIPE RD.
SARASOTA, FL 34241

New Principal Place of Business:

333 S. TAMIAMI TRAIL
SUITE 103
VENICE, FL 34285

Current Mailing Address:

5811 VANDERIPE RD.
SARASOTA, FL 34241

New Mailing Address:

333 S. TAMIAMI TRAIL
SUITE 103
VENICE, FL 34285

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMISON, JAMES E
1515 RINGLING BLVD., SUITE 900
SARASOTA, FL 34236 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DONAHUE, DAVID M
Address: 1241 SCHOONER LANE
City-St-Zip: VENICE, FL 34292

Title: STD () Delete
Name: FAWKS, DAVID R
Address: 5811 VANDERIPE RD.
City-St-Zip: SARASOTA, FL 34241

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M. DONAHUE

PD

04/28/2004

Electronic Signature of Signing Officer or Director

_____ Date