2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000006846

1. Entity Name CORNERSTONE PSYCHIATRIC SERVICES, INC.



Principal Place of Business

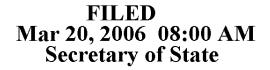
333 S. TAMIAMI TRAIL

SUITE 103 VENICE, FL 34285

Malling Address

333 S. TAMIAMI TRAIL

SUITE 103 VENICE, FL 34285



}		VLNIUL, 11 34203						
£	DO NOT WRITE I	N THIS SPAC	THIS SPACE		03082006 No Chg-P 4. FEI Number 48-1295471 5. Certificate of Status Desired		CR2E034 (11/05) Applied For Not Applicable \$8.75 Additional	
	6. Name and Address of Current Reg	sistered Agent	· · · · · · · · · · · · · · · · · · ·	J. Carmicala	Or Grands Desired	Fee 1	Required	
THOMISON, JAMES E 1515 RINGLING BLVD., SUITE 900 SARASOTA, FL 34236				DO NOT WRITE IN THIS SPACE				
8. The above the obliga SIGNATURE					th, in the State of Fio		ar with, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Signature, typed or printed name of registered signat and site if applicable. (NOTE Registered 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIRE	ECTORS			<u> </u>	20010 00	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DONAHUE, DAVID M 1241 SCHOONER LANE VENICE, FL 34292					. •		
TITLE MAME STREET ADDRESS GITY-ST-ZIP	STD FAWKS, DAVID R 5811 VANDERIPE RD. SARASOTA, FL 34241	-						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIF			IN THIS SPACE					
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME								

12. I hereby certify that the information supplied with this filling 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 attachagent with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

03/15/06

941-488-8881 Daydine Phone if