

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 8:00 am
Secretary of State

07-12-2004 90025 011 ***150.00

DOCUMENT # P03000113888			
1. Entity Name OKALOOSA MENTAL HEALTH AND PSYCHIATRIC CENTER, INC.		Principal Place of Business 127 MIRACLE STREET, S. W., FWB P. O. BOX 12306 PENSACOLA, FL 33591 US	
2. Principal Place of Business 131 E. REDSTONE AVE Suite, Apt. #, etc.		3. Mailing Address P.O. Box 12306 Suite, Apt. #, etc.	
City & State PENSACOLA		City & State FLORIDA	
Zip 32591		Country	
6. Name and Address of Current Registered Agent SHAMS, K. MD 7240 CAMAL PENSACOLA, FL 33591		7. Name and Address of New Registered Agent Name: K. SHAMS, M.D. Street Address (P.O. Box Number is not Acceptable): 131 E. REDSTONE AVE. P.O. Box 12306 City: PENSACOLA FL Zip Code: 32591	
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: DATE: 29 JUNE 04 <small>Signature: to be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: SHAMS, M. D., K. STREET ADDRESS: P. O. BOX 12306 CITY-ST-ZIP: PENSACOLA, FL 33591	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VP NAME: HOLLISTER, C. P. A., WILLIAM STREET ADDRESS: P. O. BOX 12306 CITY-ST-ZIP: PENSACOLA, FL 33591	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: SEC NAME: COLLADO, R. PH., MELINDA STREET ADDRESS: P. O. BOX 12306 CITY-ST-ZIP: PENSACOLA, FL 33591	<input type="checkbox"/> Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.			
SIGNATURE: 29 June 04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			