2004 FOR PROFIT CORPORATION

ANNUAL REPORT

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

DOCUMENT # P03000113888 1. Entity Name 07-12-2004 90025 011 ***150.00 OKALOOSA MENTAL HEALTH AND PSYCHIATRIC CENTER, INC. Principal Place of Business Mailing Address 127 MIRACLE STREET: S. W., FWB 127 MIRACLE STREET, S. W., FWB P. O. BOX 12306 P. O. BOX 12306 PENSACOLA, FL 33591 PENSACOLA, FL 33591 Principal Place of Business 31 E. REDSTONEAVE Suite, Apt. #, etc. Suite, Apt. #, etc. 06182004 Chg-P CR2E034 (10/03) City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHAMS, K. MD Stree **7240 CAMAL** BVE, PENSACOLA, FL 33591 8. The above named entity submits this statement for the purpose of chargest and the p ging its registered office the obligations of re stered agent. SIGNATURE. (NOTE: Registered Agent signature required 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be in accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 8, 2004 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Delete TITLE ☐ Addition TITLE ☐ Change SHAMS, M. D., K., P. O. BOX 12306 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PENSACOLA, FL 33591 TITLE Addition ☐ Delete Change TITLE HOLLISTER, C. P. A., WILLIAM NAME NAME STREET ADDRESS P. O. BOX 12306 STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 33591 CITY-ST-ZIP De!ete TITLE Change ☐ Addition TITI F NAME COLLÁDO, R. PH., MELINDA NAME P. O. BOX 12306 STREET ADDRESS STREET ADDRESS PENSÁCOLA, FL 33591 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change NAME NAME

12. I hereby certify that the information supplied with this filling 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 received 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.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

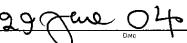
CITY-ST-ZIP

TITLE

NAME

ING OFFICER OR DIRECTOR AND TY

Delete



Daytare Phone #

Change

☐ Addition