

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000113888

FILED
Mar 23, 2005
Secretary of State

Entity Name: OKALOOSA MENTAL HEALTH AND PSYCHIATRIC CENTER, INC.

Current Principal Place of Business:

131 E REDSTONE AVE
PENSACOLA, FL 32591 US

New Principal Place of Business:

131 E REDSTONE AVE
P. O. BOX 939
CRESTVIEW, FL 32536 US

Current Mailing Address:

PO BOX 12306
PENSACOLA, FL 33591 US

New Mailing Address:

PO BOX 939
CRESTVIEW, FL 33536 US

FEI Number: 58-2678372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAMS, K. MD
131 E REDSTONE AVE
P.O. BOX 12306
PENSACOLA, FL 32591 US

Name and Address of New Registered Agent:

SHAMS, K. MD
131 E REDSTONE AVE
P.O. BOX 939
CRESTVIEW, FL 32536 US

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: K. SHAMS

03/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAMS, M. D., K.
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 33591 US

Title: VP () Delete
Name: HOLLISTER, C. P. A., WILLIAM
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 33591 US

Title: SEC () Delete
Name: COLLADO, R. PH., MELINDA
Address: P. O. BOX 12306
City-St-Zip: PENSACOLA, FL 33591 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAMS, K.
Address: P. O. BOX 939
City-St-Zip: CRESTVIEW, FL 33536 US

Title: VP (X) Change () Addition
Name: SHAMS, K
Address: P. O. BOX 939
City-St-Zip: CRESTVIEW, FL 33536 US

Title: SEC (X) Change () Addition
Name: SHAMS, K
Address: P. O. BOX 939
City-St-Zip: CRESTVIEW, FL 33536 US

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: K. SHAMS

P

03/23/2005

Electronic Signature of Signing Officer or Director

Date