

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000113888

FILED
Oct 11, 2006
Secretary of State

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

Current Principal Place of Business:

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

Current Mailing Address:

PO BOX 939
CRESTVIEW, FL 33536 US

New Principal Place of Business:

4100 S. FERDON BLVD., STE. A1
P. O. BOX 939
CRESTVIEW, FL 32539 US

New Mailing Address:

PO BOX 939
CRESTVIEW, FL 33539 US

FEI Number: 58-2678372

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHAMS, K. MD
4100 S. FERDON BLVD., STE. A1
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, M.D.

10/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 Chapter 119, 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, M.D.

P

10/11/2006

Electronic Signature of Signing Officer or Director

Date