

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
P.O. Box 1200
Tallahassee, Florida 32304

APPROVED
AND
FILED

APR 27 1 11:29 PM '95

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066710 (3)**

THE EXPENSE ADVISORY GROUP INCORPORATED

(PLEASE WRITE IN THIS SPACE)

1. Principal Office Address 6397-3 CAPE HATTERAS WAY NE ST. PETERSBURG FL 33702		2a. Mailing Address POST OFFICE BOX 20589 ST PETERSBURG FL 33742 US		3. Date incorporated or organized 09/24/1993	3a. Date of last Report 05/01/1994
2. Filing Method of Return 21	2b. Mailing Address 26	4. FFI Number 59-3201010	Applied For Not Applicable		
22	27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees		
24	25	29	30	8. This corporation has liability for mitigation fee under 5-199 USC Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOYLE, WILLIAM J 6397-3 CAPE HATTERAS WAY NE ST. PETERSBURG FL 33702				10. Name and Address of New Registered Agent	
				B1. Name	
				B2. Street Address (P.O. Box Number is Not Applicable)	
				B3.	
				B4. City	FL
				B5. Zip Code	

11. Pursuant to the provisions of Sections 607.01 and 607.02 of the Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the registered agent of fact in the State of Florida. Such change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and accept the responsibilities as set forth in the Florida Statutes.

12. OFFICERS AND DIRECTORS		13. ADMINISTRATORS, SECRETARIES AND TREASURERS	
NAME	D DOYLE, WILLIAM J 6397-3 CAPE HATTERAS WAY NE ST PETERSBURG FL 33702	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		2. STREET ADDRESS	
CITY	D DOYLE, DOROTHY A 6397-3 CAPE HATTERAS WAY NE ST PETERSBURG FL 33702	3. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		4. NAME	
STREET ADDRESS		5. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		6. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		7. NAME	
STREET ADDRESS		8. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		9. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		12. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		13. NAME	
STREET ADDRESS		14. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		15. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		16. NAME	
STREET ADDRESS		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		18. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		19. NAME	
STREET ADDRESS		20. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		21. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		24. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		25. NAME	
STREET ADDRESS		26. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		27. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		28. NAME	
STREET ADDRESS		29. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		30. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		31. NAME	
STREET ADDRESS		32. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		33. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		34. NAME	
STREET ADDRESS		35. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		36. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		37. NAME	
STREET ADDRESS		38. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		39. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		40. NAME	
STREET ADDRESS		41. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		42. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		43. NAME	
STREET ADDRESS		44. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		45. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		46. NAME	
STREET ADDRESS		47. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		48. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		49. NAME	
STREET ADDRESS		50. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		51. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		54. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		55. NAME	
STREET ADDRESS		56. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		57. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		58. NAME	
STREET ADDRESS		59. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		60. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		61. NAME	
STREET ADDRESS		62. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		63. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		64. NAME	
STREET ADDRESS		65. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		66. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		67. NAME	
STREET ADDRESS		68. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		69. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		70. NAME	
STREET ADDRESS		71. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		72. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		73. NAME	
STREET ADDRESS		74. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		75. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		76. NAME	
STREET ADDRESS		77. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		78. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		79. NAME	
STREET ADDRESS		80. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		81. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		82. NAME	
STREET ADDRESS		83. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		84. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		85. NAME	
STREET ADDRESS		86. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		87. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		88. NAME	
STREET ADDRESS		89. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		90. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		91. NAME	
STREET ADDRESS		92. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		93. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		94. NAME	
STREET ADDRESS		95. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		96. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		97. NAME	
STREET ADDRESS		98. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY		99. CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STATE		100. NAME	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and true and correct, and that the information stated in Section 19012700s Florida Statutes further certifies that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect and shall be made public. I am a resident of the State of Florida and I am the registered agent of the corporation or the receiver or trustee of the corporation. I am filing this report as required by Chapter 607 Florida Statutes, and that my name appears in the list of directors, officers, and shareholders with an address.

SIGNATURE: William J. Doyle

April 27, 1995 813/528-8851

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICE OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

INCORPORATION
ANNUAL REPORT
1995



DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

**APPROVED
AND
FILED**

904/393-2001

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000066985 (1)**
BEACHES PSYCHIATRY, INC.

1. Name of Corporation	1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	2a. Mailing Address	1325 SAN MARCO BLVD SUITE 901 JACKSONVILLE FL 32207	3. Date of Incorporation	09/20/1993	3a. Date of Amendment	05/01/1994
2. Incorporation State	FL	2b. Mailing State	FL	4. File Number	59-3205016	Additional Fee	
21. State Agent	26	22. State Agent	27	5. Certificate of Status Request	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23. State Agent	28	24. State Agent	29	6. Election Campaign Financing Trust Fund Contributions	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24. State Agent	30	9. Name and Address of Current Registered Agent		8. The corporation has not only the appropriate tax return for 1994, but also the appropriate tax return for 1993.			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SMITH HULSEY & BUSEY 225 WATER STREET 1800 FIRST UNION NATIONAL BANK TOWER JACKSONVILLE FL 32202		FL 85	
11. I, the undersigned, being personally known to the undersigned, do hereby certify that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida, and that the above named corporation is a corporation organized under the laws of the State of Florida.			

12. NAME	13. ADDRESS	14. TYPE	15. ADDRESS
DVS DOOLITTLE SANDRA O. 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL		<input type="checkbox"/>	<input type="checkbox"/>
DV PARRETT DONALD O. 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL		<input type="checkbox"/>	<input type="checkbox"/>
DP THOMPSON CAROL C. 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL		<input type="checkbox"/>	<input type="checkbox"/>
T PERRY LINDA 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL		<input type="checkbox"/>	<input type="checkbox"/>
AS JACKSON REBECCA B. 900 PRUDENTIAL DRIVE JACKSONVILLE FL		<input type="checkbox"/>	<input type="checkbox"/>

SIGNATURE: *Rebecca B. Jackson* Rebecca B. Jackson 4-25-95 904/393-2001
PRINT NAME AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR