SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066985 (1)

1. Corporation Name

BEACHES PSYCHIATRY, INC.

Principal Place of Business	Mailing Address
1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207	1325 SAN MARCO BLVD. SUITE 901 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 09/20/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3205016 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
~~c/o William C. Mason~~	~~c/o William C. Mason~~
21 1301 Riverplace Blvd.	26 1301 Riverplace Blvd.
22 Suite, Apt #, etc. Suite 1700	27 Suite, Apt #, etc. Suite 1700
23 City & State: Jacksonville, FL	28 City & State: Jacksonville, FL
24 Zip: 32207 — 25 Country: USA	29 Zip: 32207 — 30 Country: USA

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

SMITH HULSEY & BUSEY
225 WATER STREET
1800 FIRST UNION NATIONAL BANK TOWER
JACKSONVILLE FL 32202

10. **Name and Address of New Registered Agent**

81 Name: Harvey Granger, General Counsel
82 Street Address (P.O. Box Number is Not Acceptable): 1301 Riverplace Blvd.
83 Suite 1700
84 City: Jacksonville FL 85 Zip Code: 32207

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] Harvey Granger — DATE: 7-29-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. **OFFICERS AND DIRECTORS**

Title	Name	Street Address	City-St-Zip	Delete
DVS	DOOLITTLE SANDRA O.	1325 SAN MARCO BLVD.,SUITE 901	JACKSONVILLE FL	☒
DV	PARRETT DONALD O.	1325 SAN MARCO BLVD., SUITE 901	JACKSONVILLE FL	☐
DP	THOMPSON CAROL C.	1325 SAN MARCO BLVD., SUITE 901	JACKSONVILLE FL	☐
T	PERRY LINDA	1325 SAN MARCO BLVD., SUITE 901	JACKSONVILLE FL	☐
AS	JACKSON REBECCA B.	900 PRUDENTIAL DRIVE	JACKSONVILLE FL	☐
				☐

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

No.	Title	Name	Street Address	City-St-Zip	Change/Addition
1					☐ Change ☐ Addition
2	D/V/S	Parrett, Donald O.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207	X Change
3	D/P	Thompson, Carol C.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207	XX Change
4					☐ Change ☐ Addition
5	AS	Jackson, Rebecca B.	1301 Riverplace Blvd., Suite 1700	Jacksonville, FL 32207	XX Change
6					☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Rebecca B. Jackson — Date: 7-29-96 — Daytime Phone #: 904/202-4001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

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