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
1325 SAN MARCO BLVD.
SUITE 901
JACKSONVILLE FL 32207

Mailing Address
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

2. Principal Place of Business: c/o William C. Mason
21 1301 Riverplace Blvd.
Suite, Apt. #, etc. 22 Suite 1700
City & State 23 Jacksonville, FL
Zip 24 32207 Country 25 USA

2a. Mailing Address: c/o William C. Mason
26 1301 Riverplace Blvd.
Suite, Apt. #, etc. 27 Suite 1700
City & State 28 Jacksonville, FL
Zip 29 32207 Country 30 USA

4. FEI Number: 59-3205016 — Applied For ☐ Not Applicable ☐
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: Harvey Granger — Harvey Granger — 7-29-96
Signature, Type or Print Name of Registered Agent (if applicable) (NOTE: Registered Agent's signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	DVS	☒ DELETE
NAME	DOOLITTLE SANDRA O.	
STREET ADDRESS	1325 SAN MARCO BLVD.,SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DV	☐ DELETE
NAME	PARRETT DONALD O.	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	DP	☐ DELETE
NAME	THOMPSON CAROL C.	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	☐ DELETE
NAME	PERRY LINDA	
STREET ADDRESS	1325 SAN MARCO BLVD., SUITE 901	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	AS	☐ DELETE
NAME	JACKSON REBECCA B.	
STREET ADDRESS	900 PRUDENTIAL DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D/V/S	☒ Change ☐ Addition
2.2 NAME	Parrett, Donald O.	
2.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
2.4 CITY-ST-ZIP	Jacksonville, FL 32207	
3.1 TITLE	D/P	☒ Change ☐ Addition
3.2 NAME	Thompson, Carol C.	
3.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
3.4 CITY-ST-ZIP	Jacksonville, FL 32207	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	AS	☒ Change ☐ Addition
5.2 NAME	Jackson, Rebecca B.	
5.3 STREET ADDRESS	1301 Riverplace Blvd., Suite 1700	
5.4 CITY-ST-ZIP	Jacksonville, FL 32207	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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

CR2E034 (3/96)

0002511 CP