## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000066985 (1)

BEACHES PSYCHIATRY, INC.

Sulte, Apt. 4, atc.  22   City & State  City & State  28   Chry & State  29   Country  29   Country  29   20   Country  20   20   Country  20   20   20   20   20   20   20   20
130 RIVERPLACE BLVD. SUITE 1700   ADCRONVILLE FL 3207   US   ADCRONVILLE FL 3200   US   ADCRONVILLE
2. Principal Place of Business   2. Mailing Address   4. FEI Number   Applied For Suite, Apt. #, etc.   59-3205016   Not Applied For Suite, Apt. #, etc.   59-3205016   Sinth, Apt. #, etc.
Suite, Apt. #, etc.  Suite, Ap
Suite, Apri M, etc.    Site, Apri M, etc.   Site, A
City & State  Country  City & Country  City & Country  Country  City & Country  Country  City & Country
Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip   Country   Zip
Zip
28
GRANGER, HARVEY GENERAL COUNSEL 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32202  82 Street Address (P.O. Box Number is Not Acceptable)  83 Street Address (P.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  85 City Code  86 City FL 85 Zip Code  87 City Code  88 City Code  88 City Code  89 City Code  80 City Code  80 City Code  80 City Code  80 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  86 City Code  86 City Code  87 City Code  88 City Code  88 City Code  89 City Code  89 City Code  80 City Code  80 City Code  80 City Code  80 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  86 City Code  86 City Code  87 City Code  88 City Code  88 City Code  89 City Code  89 City Code  80 City Code  80 City Code  80 City Code  80 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  86 City Code  86 City Code  87 City Code  88 City Code  88 City Code  89 City Code  89 City Code  80 City Code  81 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  86 City Code  86 City Code  86 City Code  87 City Code  88 City Code  88 City Code  89 City Code  89 City Code  80 City Code  81 City Code  81 City Code  82 City Code  83 City Code  84 City Code  85 City Code  85 City Code  86 City Code  86 City Code  87 City Code  88 City Code  89 City Code  89 City Code  89 City Code  80 City
GENERAL COUNSEL  1301 RIVERPLACE BLVD., SUITE 1700  JACKSONVILLE FL 32202  82
1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 3202  83  84 City  FL 85 Zip Code  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 agent and familiar with, and accept the childipathous off, Section 607,0505, Florida Statutes.  SIGNATURE  Signature byted or present have of trapers and rights and the displanative (PCTI Registered Agent Signature required within reliability)  12. OFFICE IIS AND DIRECTORS IN 12  TITLE  DVS  OFFICE IIS AND DIRECTORS IN 12  12. OFFICE IIS AND DIRECTORS IN 12  TITLE  DP
130.1 RVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32202  83  84  City  FL  85  City  FL  86  City  FL  87  Addition  Addition  FL  FL  88  City  FL  Addition  Change  C
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 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, and accept the obligations of, Section 607,0505, Florida Statutes.  SIGNATURE    Signature   Signa
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE    Signature   Signatur
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 charging its registered agent, or both, in the State of Florida Statutes.  SIGNATURE  Signature byted or predictions of section 607 0505. Florida Statutes.  SIGNATURE  12. OFFICE IS AND DIRECTORS  DELETE  1.1 TITLE  DVS  PARRETT DONALD O.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  DVS  PARRETT DONALD O.  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  14. Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  16. Change Addition  17. THOMPSON CAROL C.  13. TITLE  THOMPSON CAROL C.  13. TITLE  DELETE  2. ADME  2. STREET ADDRESS  DIV. ST. ZIP  TITLE  TWO DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  PERRY LINDA  3. STREET ADDRESS  DELETE  3. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFIC
SIGNATURE    Signature   Signa
12. OFFICERS AND DIRECTORS  TITLE  DVS  DELETE  1.1 TITLE  NAME  PARRETT DONALD O.  12 NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  1.4 CITY-ST-ZIP  TITLE  DP  THOMPSON CAROL C.  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  1301 RIVERPLACE BLVD., SUITE 1700  22 NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  THOMPSON CAROL C.  22 NAME  23 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  131 TITLE  THOMPSON CAROL C.  33 STREET ADDRESS  CITY-ST-ZIP  TITLE  THOMPSON CAROL C.  31 TITLE  THOMPSON CAROL C.  32 NAME  32 NAME  32 NAME  32 NAME  32 NAME  STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  132 SAN MARCO BLVD., SUITE 901  33 STREET ADDRESS  CITY-ST-ZIP  JACKSONVILLE FL  14 TITLE  AS  DELETE  4 TITLE  AS  DELETE  4 TITLE  AS  DELETE  4 TITLE  AS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Change  Addition  Addition  Addition  Addition  Addition  ACKSONVILLE FL  Change  Addition
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CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
indicated on this arrival report or supplemental arrival report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corp ration or the receive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attacking in address.

SIGNATURE Y MULLAD TUMO

Rehecca R. Jackson

4-24-98

**FILED** 

May 15 1998 8:00am

Secretary of State

904/202-4005