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Feb 11, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020600

1. Corporation Name

PSYCHIATRIC ASSOCIATES PROPERTIES, INC.

Principal Place of Business
235 CARMEL DRIVE
FORT WALTON BEACH FL 32547

Mailing Address
235 CARMEL DRIVE
FORT WALTON BEACH FL 32547

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/13/1995

4. FEI Number

59-3304388

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FLEET, BART
1201 EGLIN PARKWAY
SHALIMAR FL 32579

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME MICHAS, GEORGE A M.D.
STREET ADDRESS 235 CARMEL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE

NAME MICHAS, ELIZABETH
STREET ADDRESS 235 CARMEL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE

NAME CHANDLER, EDWARD
STREET ADDRESS 235 CARMEL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE

NAME MCAULIFFE, MARIANNE
STREET ADDRESS 235 CARMEL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE

NAME VALENTINE, EUGENE R M.D.
STREET ADDRESS 235 CARMEL DRIVE
CITY-ST-ZIP FORT WALTON BEACH FL 32547

TITLE D ☐ DELETE

NAME BENSHOOF, BONNIE
STREET ADDRESS 490 HIGHWAY 85 NORTH, UNIT C
CITY-ST-ZIP NICEVILLE FL 32578

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

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☐ Change ☐ Addition

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Eugene R Valentine, M.D. (V.P.)
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

850-862-3141

CR2E034 (11/98)