

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State

0057353 AV

DOCUMENT # P95000020600

1. Entity Name
PSYCHIATRIC ASSOCIATES PROPERTIES, INC.

04-02-2002 90863 035 ***150.00

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

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3304388		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
FLEET, BART 1201 EGLIN PARKWAY SHALIMAR FL 32579				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAS, GEORGE A M.D			NAME			
STREET ADDRESS	235 CARMEL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MICHAS, ELIZABETH			NAME			
STREET ADDRESS	235 CARMEL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CHANDLER, EDWARD			NAME			
STREET ADDRESS	235 CARMEL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCAULIFFE, MARIANNE			NAME			
STREET ADDRESS	235 CARMEL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VALENTINE, EUGENE R M.D.			NAME			
STREET ADDRESS	235 CARMEL DRIVE			STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL 32547			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BENSHOOF, BONNIE			NAME			
STREET ADDRESS	490 HIGHWAY 85 NORTH, UNIT C			STREET ADDRESS			
CITY-ST-ZIP	NICEVILLE FL 32578			CITY-ST-ZIP			

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: EUGENE R VALENTINE Eugene R Valentine M.D. 3/21/02 858 862 9111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)