

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000050103

FILED
Jan 15, 2004
Secretary of State

Entity Name: INSIGHT PSYCHIATRY SERVICES, P.A.

Current Principal Place of Business:

5100 NO. ARMENIA AVENUE
TAMPA, FL 33603

New Principal Place of Business:

Current Mailing Address:

5100 NO. ARMENIA AVENUE
TAMPA, FL 33603

New Mailing Address:

FEI Number: 59-3326708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HADLOW, RICHARD B
220 SOUTH FRANKLIN STREET
TAMPA, FL 33602

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPS () Delete
Name: HUSSAIN, HANSA S
Address: 5100 NO. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: P () Delete
Name: HUSSAIN, SAJJAD F
Address: 5100 NO. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: CFO () Delete
Name: MONAKEY, SAMINA H
Address: 11945 SAN JOSE BLVD SUITE 201
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPSD (X) Change () Addition
Name: HUSSAIN, HANSA S
Address: 5100 NO. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: PD (X) Change () Addition
Name: HUSSAIN, SAJJAD F
Address: 5100 NO. ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: CFO (X) Change () Addition
Name: MONAKEY, SAMINA H
Address: 11945 SAN JOSE BLVD SUITE 201
City-St-Zip: JACKSONVILLE, FL 32223

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SAMINA MONAKEY

CFO

01/15/2004

Electronic Signature of Signing Officer or Director

Date