2007 FOR PROFIT CORPORATION

FILED Feb 26, 2007 08:00 A Secretary of State

ANNOAL REPORT						
DOCUMENT # P9600 1. Entity Name BAY PSYCHIATRIC SERVIC						
Principal Place of Business	Mailing Address					
3227 COUNTRY CLUB DR. Lynn Haven, Fl 32444	3227 COUNTRY CLUB DR. Lynn Haven, Fl 32444	i				



DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (11/05) 02162007

4, FEI Number 59-3359724

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

JERUSALEM, GEORGE B 3227 COUNTRY CLUB DR.

DO NOT WRITE

LYNN HAV	/EN, FL 32444			INT	HIS SPACE	
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. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE_	Signature, typed or printed name of registered agent and title	Il applicable (NOTE Registere	d Agent ålgnature red	jured when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		\$5.00 May Be Added to Fees		
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CITY-ST-ZIP			relevan.	roll and a second	and the state of t	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 10 or Block 11 if						

changed, or on an attachment with

SIGNATURE

SIGNATURE AND TYPED OR PRINTED MANE OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #