

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000029851

1. Entity Name

BAY PSYCHIATRIC SERVICES, INC.



Principal Place of Business

3227 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

Mailing Address

3227 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444



04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number

59-3359724

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

JERUSALEM, GEORGE B
3227 COUNTRY CLUB DR.
LYNN HAVEN, FL 32444

**DO NOT WRITE
IN THIS 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000913722
05/14/08-80015-009 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JERUSALEM, GEORGE B
STREET ADDRESS	3227 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	JERUSALEM, TESSIE M
STREET ADDRESS	3227 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	D
NAME	JERUSALEM, JASON
STREET ADDRESS	3227 COUNTRY CLUB DR.
CITY-ST-ZIP	LYNN HAVEN, FL 32444
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-22-08