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Apr 03 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Moynihan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000037358 (4)  
1. Corporation Name  
PSYCHIATRIC INSTITUTE OF FLORIDA, P.A.



Principal Place of Business: 341 N. MAITLAND AVE. SUITE 260 MAITLAND FL 32751  
Mailing Address: 341 N. MAITLAND AVE. SUITE 260 MAITLAND FL 32751

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 77 Underwood St. 3rd Fl  
22 Orlando FL  
23 32806 USA  
2a. Mailing Address  
26 77 Underwood St.  
27 Third Fl  
28 Orlando FL  
29 32806 USA  
30 USA

3. Date Incorporated or Qualified: 04/30/1996  
4. FEI Number: 59-3374182  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30:  Yes  No

9. Name and Address of Current Registered Agent  
WEST, SCOTT A M.D.  
341 N. MAITLAND AVE.  
SUITE 260  
MAITLAND FL 32751

10. Name and Address of New Registered Agent  
81 Name: West, Scott A. M.D.  
82 Street Address: 77 Underwood St.  
83 Third Floor  
84 City: Orlando FL 85 Zip Code: 32806

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: *See West* DATE: 3/31/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	President
NAME	WEST, SCOTT A MD	1.2 NAME	Scott A. West, M.D.
STREET ADDRESS	341 N MAITLAND AVE, STE 260	1.3 STREET ADDRESS	77 Underwood St., 3rd Fl
CITY-ST-ZIP	MAITLAND FL	1.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	VP	2.1 TITLE	
NAME	CUTLER, ANDREW J MD	2.2 NAME	
STREET ADDRESS	341 N MAITLAND AVE STE 260	2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *See West* DATE: 3/31/98

CR2E034 (10/97)