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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000067256 (3)

MEDPSYCH SYSTEMS, INC.

| ### ST. AUGUSTINE FL 32086 ### ST. AUGUSTINE FL 32086 3. Date Incorporated or Qualified 3a. Date of Last Report | | | | | | | | | | | |
|--|---------------------------|---|--|---------------------------------------|---------------|--------------------------|---|----------------|-------------|----------------|------------|
| Sit AUGUSTINE FL 32066 3. Date Incoporated of Qualified 3s. Date of Last Report 08/13/1996 2. Principal Fluro of Flureries 2s. Mailing Address 4s. Et Number 3s. Date of Last Report 2s. D | Principal Place | of Business | Mailing Address | | | | 1 tobildet tid iftin fitit darri fitti bott | BB44B B1481 (M | TIN IINSI S | litin anı iedi | ı |
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| 26 | | | | | | | 1 | 3a. Date | e of Las | t Report | |
| Substitute Sub | | ace of Business | en man | | | 4. FEI Number 59-34/1892 | | - | | | |
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| 28 | 22 | | | | | | 1 & Certificate of Statue Degree 1 | | | | |
| Country Zip Country Zip Country R. This corporation has labality for internal bits system of a size of current Registered Agent Size of Current Registered Agent 10. Name and Address of New Registered Agent Size of Address of Registered Address of P.O. Box Number is Not Acceptable Size of Country Size of Address of P.O. Box Number is Not Acceptable Size of Country Size of Address of P.O. Box Number is Not Acceptable Size of Country Size of Address of P.O. Box Number is Not Acceptable Size of Country Size of Address of P.O. Box Number is Not Acceptable Size of Country Size of Country Size of Country Size of Address of P.O. Box Number is Not Acceptable Size of Country | | | ├ ─¬ ' | | | | | | | | |
| PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEAH FL 32115-2491 11. Pursuant to the puris sents of Sections 607 6092 and 607 1508. Florida Statutes. The above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or high. In the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or high. In the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or high. In the State of Florida Statutes. Statutes agent turns turnstant which and accept the original plant registered agent turnstant which and accept the deligations of Section 607 6506, Florida Statutes. SIGNATURE 12. OF FIGURES AND DIRECTORS 13. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 19. DELETE 1 In TITLE 12. OFFICERS AND DIRECTORS IN 12 12. SAMETADORES 14. OFFICERS AND DIRECTORS IN 12 12. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 14. OFFI ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 16. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 17. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHARGES TO OFFICERS AND DIRECTORS IN 12 19. ADDITIONS/CHA | | Country | ······································ | | | | | | | | |
| PALMETTO CHARTER SERVICES, INC. 150 MAGNOLIA AVE. DAYTONA BEAH FL 32115-2491 162 Street Address (P.O. Box Number is Not Acceptable) 173 Pursuant to the previous control of Co | | Fn | ŀ····η | | | | | | | 32, | |
| ### DAYFONA BEAH FL 32115-2491 Bay | | 9. Name and Address of Curre | nt Registered Agent | | | | 10. Name and Address of New Re | | | | |
| DAYTONA BEAH FL 32115-2491 83 84 City FL 85 Zip Code 11. Pursuant to the prox sens of Sections 607 0502 and 607 1508, Florida Statistics, the above-named corporation submits this statement for the purpose of changing its registered agent Len threshor with an above-named corporation submits this statement for the purpose of changing its registered agent Len threshor with an above-named corporation's board of directors. I hereby accept the appointment as registered agent Len threshor with an above-named corporation's board of directors. I hereby accept the appointment as registered agent Len threshor with an above-named corporation's board of directors. I hereby accept the appointment as registered agent Len threshor with a proposed adverse required aware resulting. 12. | | | IC. | | 81 | Name | | | | | 1 |
| 83 | | | | | | Street Addr | ress (P.O. Box Number is Not Acceptable) | | | | |
| 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, 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, 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, or both, in the state of Florida Statutes. SIGNATURE 12. | יוואט | ONA DEAN LE 32113-2481 | | | 83 | | - | | | | |
| 11. Pursuant to the pursuances of Scotiums 607 6502 and 607 1502. Florida Statutes. The above-named corporation submits this attement for the purpose of changing its registered official or registered of blight or registered agent if and formation with an above the appointment as registered of purpose of the obligations of Section 607 0505, Florida Statutes. SIGNATURE 12. | | | | | 84 | City | | | 85 2 | ip Code | |
| Office or projections 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 and the appointment and accept the obligations of Section 607.0505, Florida Statutory. 12. | | o the same of Poot and 607.06 | 00 d CO2 1500 Florida Ctot. | 120 tha 0 | | | action who has this statement for the | | | a ita saala | escor! |
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| 12. | SIGNATURE | Signative, type dice printed name, of registers dia: | rent and the if applicable (NO | TE Registere | d Age | nt signature requir | ed when reinstating) | DATE | | | |
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4. I do 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 prector 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 or on an attachment with an aggress.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 461-0362

FILED

Jan 27 1997 8:00am

Secretary of State

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