

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000028038

FILED
Mar 25, 2004
Secretary of State

Entity Name: BROWARD PSYCHIATRIC SERVICES, INC.

Current Principal Place of Business:

4400 SHERIDAN ST.
HOLLYWOOD, FL

New Principal Place of Business:

4400 SHERIDAN ST.
HOLLYWOOD, FL 33021

Current Mailing Address:

11450 INTERCHANGE CIRCLE N
HOLLYWOOD, FL 33025

New Mailing Address:

4400 SHERIDAN STREET
HOLLYWOOD, FL 33021

FEI Number: 65-0737389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SABRA, RICHARD B
4601 SHERIDAN ST., STE. 208
HOLLYWOOD, FL 33021

Name and Address of New Registered Agent:

SABRA, RICHARD B
4400 SHERIDAN ST
HOLLYWOOD, FL 33021

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:

03/25/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACALUSO, THOMAS H
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: DRUCKER, DEBRA M
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: SHEPARD-SMITH, ABBEY P
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: D () Delete
Name: NITZBUG-SABREY, LAURIE
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR (X) Change () Addition
Name: MACALUSO, THOMAS H
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR (X) Change () Addition
Name: DRUCKER, DEBRA M
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR (X) Change () Addition
Name: SHEPARD-SMITH, ABBEY P
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

Title: DR (X) Change () Addition
Name: NITZBUG-SABREY, LAURIE
Address: 4400 SHERIDAN ST
City-St-Zip: HOLLYWOOD, FL 33021

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: THOMAS H. MACALUSO, M.D.

DIRE

03/25/2004

Electronic Signature of Signing Officer or Director

Date