SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:49

DOCUMENT # **S09200** **(4)**

1. Corporation Name
HYDE PARK PSYCHIATRIC ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1509 W SWANN AVE SUITE 280 TAMPA FL 33606	1509 W SWANN AVE SUITE 280 TAMPA FL 33606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **08/18/1994**
4. FEI Number: **59-3037655** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GLASER, ROBERT D.
1509 W SWANN AVE., #280
TAMPA FL 33606

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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: Robert D Glaser PRD Vice-President, Robert Glaser 6-6-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	MANN, JOHN H.	12 NAME	Hersey, Daniel J
STREET ADDRESS	1509 W SWANN AVE #280	13 STREET ADDRESS	1509 W Swann Ave #280
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	TAMPA FL
TITLE	VD	21 TITLE	VD ☒ Change ☐ Addition
NAME	HERSEY, DANIEL J.	22 NAME	Glaser, Robert D
STREET ADDRESS	1509 W SWANN AVE #280	23 STREET ADDRESS	1509 W. Swann Ave #280
CITY-ST-ZIP	TAMPA FL	24 CITY-ST-ZIP	TAMPA FL
TITLE	SAD	31 TITLE	Sec-Treasurer, Director ☐ Change ☒ Addition
NAME	MARCIC, THOMAS J.	32 NAME	Soni, Jagdish
STREET ADDRESS	1509 W SWANN AVE #280	33 STREET ADDRESS	1509 W. Swann Ave #280
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	TAMPA FL
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	GLASER, ROBERT D.	42 NAME	
STREET ADDRESS	1509 W SWANN AVE #280	43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Robert D Glaser Vice President Robert D. Glaser 8 13 2519408
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR Date Daytime Phone #

0154040 FP