SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation Name
HYDE PARK PSYCHIATRIC ASSOCIATES, INC.

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

Mailing Address
1509 W SWANN AVE
SUITE 280
TAMPA FL 33606

3. Date Incorporated or Qualified: **10/26/1990**
3a. Date of Last Report: **06/13/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

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 [signature] DATE
Signature, typed or printed name of registered agent and title (NOTE: Registered Agent signature required when indicated above)

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	HERSEY, DANIEL J	
STREET ADDRESS	1509 W SWANN AVE 280	
CITY-ST-ZIP	TAMPA FL	
TITLE	VD	☐ DELETE
NAME	GRASER, ROBERT D	
STREET ADDRESS	1509 W SWANN AVE #280	
CITY-ST-ZIP	TAMPA FL	
TITLE	SAD	☒ DELETE
NAME	MARCIC, THOMAS J.	
STREET ADDRESS	1509 W SWANN AVE #280	
CITY-ST-ZIP	TAMPA FL	
TITLE	TD	☒ DELETE
NAME	GLASER, ROBERT D.	
STREET ADDRESS	1509 W SWANN AVE #280	
CITY-ST-ZIP	TAMPA FL	
TITLE		☒ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President, Director	☐ Change ☒ Addition
1.2 NAME	ROBERT D. GLASER	
1.3 STREET ADDRESS	1509 W SWANN AVE 280	
1.4 CITY-ST-ZIP	TAMPA FL 33606	
2.1 TITLE	VD	☒ Change ☐ Addition
2.2 NAME	GLASER, ROBERT D.	
2.3 STREET ADDRESS	SAME	
2.4 CITY-ST-ZIP		
3.1 TITLE	P, V, T, S, D	☒ Change ☐ Addition
3.2 NAME	GLASER, Robert D	
3.3 STREET ADDRESS	1509 W SWANN AVE # 280	
3.4 CITY-ST-ZIP	TAMPA FL 33606	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Ph.D Robert D. GLASER 7-5-96 813 251-9198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone