


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 28, 1999 8:00 am  
Secretary of State

04-28-1999 90035 006 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S39594</b>					
1. Corporation Name <b>PSYCHIATRIC CONSULTANTS, P.A.</b>					
Principal Place of Business <b>4130 SALISBURY RD SUITE 1600 JACKSONVILLE FL 32216</b>			Mailing Address <b>4130 SALISBURY RD SUITE 1600 JACKSONVILLE FL 32216</b>		
2. Principal Place of Business <b>21 7901 Baymeadows Way</b> Suite, Apt. #, etc. <b>22 Suite 13</b> City & State <b>23 Jacksonville FL</b> Zip <b>24 32256</b>		2a. Mailing Address <b>26 P.O. Box 56286</b> Suite, Apt. #, etc. <b>27 Jacksonville FL</b> City & State <b>28 32241 U.S.A.</b> Zip <b>29 30</b>		3. Date Incorporated or Qualified <b>03/18/1991</b>	
				4. FEI Number <b>NOT APPLICABLE</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>MATTHEWS, DONALD W. 7952 NORMANDY BLVD JACKSONVILLE FL 32221</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 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: _____ (NOTE: Registered Agent signature required when reinstating)					
DATE: _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME <b>7901 Baymeadows Way</b>					
1.3 STREET ADDRESS <b>Suite 13</b>					
1.4 CITY-ST-ZIP <b>Jacksonville, FL 32256</b>					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
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(1)(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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/99

Date

904-448-5114

Daytime Phone #

CR2E034 (11/98)