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

Mailing Address

2a. Mailing Address

26

4984 PALM COAST PKWY N.W. PALM COAST FL 32137

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # V56945 1. Corporation Name

Principal Place of Business

4984 PALM COAST PKWY N.W.

2. Principal Place of Business

SIGNATURE:

PALM COAST FL 32137

21

MEDPSYCH CORPORATION OF CENTRAL FLORIDA

Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional				
						<b>3.</b> 9. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Fee Required		
City & State	e	City & State				6. Election Campaign Financin	9 🗆		May Be	
3		28				Trust Fund Contribution	<del></del>	Added	to Fees	
Zìp	Country	Zip	Coun	tгу		8. This corporation owes the c	ırrent year Inta		□No	
4	25	<del></del>	30			Personal Property Tax.	Designand A	Yes		
	9. Name and Address of Current	Registered Agent	<del></del>	81	Name	10. Name and Address of Nev	Registered A	<u> เกิดเห</u>		
PALMETTO CHARTER SERVICES INC. 150 MAGNOLIA AVE. DAYTONA BEACH FL 32114				۱'	name	;				
				82 Street Address (P.O. Box Number is Not Acceptable) 83						
				84	City			<b>85</b> Zip	Code	
11. Pursuant	to the provisions of Sections 607,0502 egistered agent, or both, in the State of	and 607,1508, Florida Statute	es, the about	ove-l	named corp	oration submits this statement for the	ne purpose of e ent the appoin	changing its itment as re	registerea aistered	
agent. I a	m familiar with, and accept the obligation	ins of, Section 607.0505, Flor	ida Statut	les.	ie corporati	on a board of one ocors. Thougast doc	op, ale oppen		<b>3</b>	
SIGNATURE	•					·				
OIGHAIGHE	Signature, typed or printed name of registered agent a			gent s	signature require	d when reinstating)	DATE			
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO	OFFICERS AN		DRS IN 12 ☐ Addition	
TITLE	DV	☐ DELETE	1.1 TITL					Change	☐ Addition	
NAME	SILVAIN, PETER B		1.2 NAW	Æ		•				
STREET ADDRESS	4984 PALM COAST PARKWAY, N	I.W. STE. 5	1.3 STR	EET A	DDRESS					
CITY-ST-ZIP	PALM COAST FL		1.4 CITY	Y-ST-	ZIP					
TITLE	DP .	☐ DELETE	2.1 TITL	Æ				Change	☐ Addition	
NAME	SILVAIN, PAMELA J		2.2 NAM	ΛE		}				
STREET ADDRESS	4984 PALM COAST PARKWAY, N	1.W. STE. 5	2.3 STR	REETA	DORESS					
CITY-ST-ZIP	PALM COAST FL		2.4 CIT	Y-ST-	ZIP					
TITLE	S	☐ DELETE	31 TITL	Æ	Ţ			Change	☐ Addition	
NAME	REILLEY, PETER		3.2 NAM	Æ	)					
STREET ADDRESS	4984 PALM COAST PARKWAY, 1	1.W., STE. 5	3.3 STR	RESTA	DDRESS					
CITY-ST-ZIP	PALM COAST FL		3.4. CIT	Y-ST-	ZIP	_ <u></u>	. <u> </u>			
TITLE	T	DELETE	4.1 TITL	E	_   -		1. 1	Change	☐ Addition	
NAME	FRACEK, JOHN		4. 2 NA	ME	5	ilyain, Pame	IR J		04-6	
STREET ADDRESS		1.W. STE. 5	4.3 STR	REETA	DDRESS 4	1984 Palm Coasi	PKW	שואה א	, 570 2	
CITY-\$T-ZIP	PALM COAST_FL		4.4 CITY	Y-ST-	ZIP	ilvain, Pame 1984 Palme oasi alm Coast, Fl	3203	<u>7</u>		
TITLE		☐ DELETE	5.1 TITL	E			<del>_</del>	Change	Addition	
NAME	}		5.2 NAM	Æ	-	:				
STREET ADDRESS			5.3 STR	REETA	ADORESS					
CITY-ST-ZIP			5,4 CITY		ZIP					
TITLE		☐ DELETE	6.1 1171	E				Change	Addition	
NAME	}		6.2 NAM	ME		1				
STREET ADDRESS			6.3 STR	REETA	ADORESS					
CITY-ST-7IP	1		6.4 CM							
44 1 hereby	certify that the information supplied with	this filing does not qualify for	the exem	ptio	n stated in	Section 119.07(3)(i), Florida Statute	s. I further cer	ify that the	information	
indicated	on this annual report or supplemental a	innual report is frue and accur	rafe and f	เกลเ	mv signatiir	e shali have me same legal effect a	s II made unde	r caur, mac	i ain an	
Block 12	director of the corporation or the receiv or Block 13 if changed, or on an attach	ment with an address, with all	other like	em	powered.					

**FILED** Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90213 002 \*\*\*150.00



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	:				
	NOT WRITE	E IN TH	IS SPACE		
<ol> <li>Date Incorporated or 08/12/1992</li> </ol>	Qualifed				1
4. FEI Number	<u> </u>			App	lied For
58-2012737	!			Not	Applicable
5. Certifcate of Status I	Desired			<b>75</b> Ad	dditional juired
6. Election Campaign F Trust Fund Contribut	,				May Be Fees
8. This corporation owe		nt year	Intangible		
Personal Property Ta	ax		Yes	[	□No
10. Name and Address	of New Re	gistere	d Agent		
	;				)
s (P.O. Box Number is N	ot Acceptat	ole)			
<del></del> _	<del></del>				{
	<u> </u>				
		F	85	Zip C	ode
ition submits this stateme	ent for the p	urpose	of changir	ng its r	egistered
s board of directors. I her	eby accept	the app	ointment	as reg	istered
					,
nen reinstating)		DATE			
ADDITIONS/CHANGE	S TO OFF	ICERS			RS IN 12 Addition
			☐ Cha	mge	☐ Audition
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		<del>.</del> <del>-</del>	☐ Cha	nge	Addition
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			☐ Chi	ange	Addition
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IVAIN, PA	mela		1	11.3	Cta 5
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14 Palmge	P1 2	40	<b>9 /</b>		17 Addition
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