


FILE NOW: FILING FEE IS \$61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 735870 1. Corporation Name OSCEOLA MENTAL HEALTH, INC.		
Principal Place of Business 230 E MONUMENT AVE P.O. BOX 421826 KISSIMMEE FL 34741 US	Mailing Address 230 E MONUMENT AVE P.O. BOX 421826 KISSIMMEE FL 34741 US	

05/19/1976



21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	22 Suite, Apt. #, etc.	05/19/1976
23 City & State	27 City & State	4. FEI Number
23 Zip Country	27 Zip Country	59-1677912
24	29	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, NANCY Y. 1201 W EMMETT ST. KISSIMMEE FL 32741				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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE		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	C	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COLE, KEVIN		1.2 NAME	200002892382			
STREET ADDRESS	5125 THE OAKS CIRCLE		1.3 STREET ADDRESS	-06/02/99--01045--008			
CITY-ST-ZIP	EDGEWOOD FL 32809		1.4 CITY-ST-ZIP	*****70,00 *****70			
TITLE	C/D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	COOK, JANET		2.2 NAME				
STREET ADDRESS	PO BOX 450311 (N/A)		2.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34745-0311		2.4 CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FSK, BOB		3.2 NAME				
STREET ADDRESS	1107 MASSACHUSETTS AVE		3.3 STREET ADDRESS				
CITY-ST-ZIP	ST CLOUD FL 34769		3.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SMITH, NANCY		4.2 NAME				
STREET ADDRESS	1201 W EMMETT ST		4.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34741		4.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	BELL, CHRISTOPHER		5.2 NAME				
STREET ADDRESS	14501 S ROANGE BLOSSOM TRAIL		5.3 STREET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32837		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	TOMPkins, MARCIA		6.2 NAME				
STREET ADDRESS	1731 BOGGY CREEK ROAD		6.3 STREET ADDRESS				
CITY-ST-ZIP	KISSIMMEE FL 34744		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(3)(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 617, 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]* SIGNATURE REQUIRED: *[Signature]* Date: 1-30-98 (407) 859 5870

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05/19/1976