

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 735870
1. Entity Name
OSCEOLA MENTAL HEALTH, INC.



FILED

03 OCT 21 AM 11:55

Principal Place of Business
206 PARK PLACE BLVD
KISSIMMEE FL 34741
US

Mailing Address
206 PARK PLACE
KISSIMMEE FL 34741
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09/25/03 01074 010 7000



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number 59-1677912
Applied For
Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired
\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BELL, CHRISTOPHER
206 PARK PLACE BLVD
KISSIMMEE FL 34741

7. Name and Address of New Registered Agent
Name: James A. Shanks
Street Address: 206 Park Place Blvd.
City: Kissimmee FL Zip Code: 34741

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [Signature]

8-25-03

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Kevin Cole, Linda Goodwin-Nichols, Joe Miranti, Michael Turner, Christopher Bell, and Alecia Reading.

Table with 2 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include Marcia K. Tompkins, Margaret T. Waller, Nancy Smith, Mike Scialdone, and Gilda Roman-Nay-Torres.

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 179.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath...

SIGNATURE: SIGNATURE REQUIRED [Signature]

Date: 8/28/03 Daytime Phone #

CR2E037 (4/03)

Byers

Jim Shanks
Chief Executive Officer

October 15, 2003

Phone 407.846.0023

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Fax 407.933.6599



Dear Sir or Madam,

Please find enclosed our "Application for Reinstatement" of our corporation, Osceola Mental Health, Inc. Please be advised that did not receive the two prior Uniform Business Report (UBR) notices. We are, therefore, requesting that you waive the reinstatement fee. We are enclosing our check for \$61.25.

Please note that we have enclosed an attachment to list all of our Board of Directors.

Sincerely yours,

James A. Shanks

James A. Shanks
President/CEO

206 Park Place Blvd.

Kissimmee, FL 34741

JAS/ps

PLEASE SEE ATTACHMENT. WE did send the check and the application in september.

James A. Shanks

www.kuanet/~omh

