

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000000799 (6)**

1. Corporation Name

BIO-BEHAVIORAL INSTITUTE, INC.



Principal Place of Business

Mailing Address

8130 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256

8130 BAYMEADOWS RD
SUITE 308
JACKSONVILLE FL 32256

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified 02/14/1994	3a. Date of Last Report 02/13/1995
4. FEI Number 59-3226709	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

KOEGLER, STEVEN C
4655 SALISBURY RD
SUITE 390
JACKSONVILLE FL 32256

81 Name	10. Name and Address of New Registered Agent	
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 of the person named in the principal place of business (applicable)

Printed Name of Agent (signature required when listed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS ONLY

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRENADIER, ANN	
STREET ADDRESS	8130 BAYMEADOWS RD SUITE 308	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	KOEGLER, STEVEN C	
STREET ADDRESS	4655 SALISBURY RD SUITE 390	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	APPLEBY, CHARLES C	
STREET ADDRESS	4655 SALISBURY RD SUITE 300	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAZOFF, STEPHEN G	
STREET ADDRESS	3945 SAN JOSE PARK DR	
CITY-STATE-ZIP	JACKSONVILLE FL 32217	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WITHERSPOON, ANN	
STREET ADDRESS	1046 RIVERSIDE AVE	
CITY-STATE-ZIP	JACKSONVILLE FL 32202	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAZOURI, TOMMY	
STREET ADDRESS	4655 SALISBURY RD SUITE 300	
CITY-STATE-ZIP	JACKSONVILLE FL 32256	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

14. I 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)