

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

ATX1

DOCUMENT # POS000084034  
 1. Entity Name  
 TRINITY BEHAVIORAL HEALTH, Inc.

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 09 MAR 20 PM 4:16

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 1022 FINCASTLE CT. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State NEW PORT RICHEY, FL		City & State	
Zip 34655	Country	Zip	Country

100146479511  
 03/20/09--01021--026 \*\*150.00

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4. FEI Number 37-1510146	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent

Name ROBERT W. YOUNG PHD
Street Address (P.O. Box Number is Not Acceptable) 3400 DUMAINE CT.
City CLEARWATER
State <b>FL</b>
Zip Code 33761

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 ROBERT W. YOUNG PHD. DATE 3/15/2009  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00  
 After May 1, Fee is \$550.00  
 Amended UBR is \$61.25  
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT W. YOUNG, PHD. 1022 FINCASTLE CT. NEW PORT RICHEY, FL. 34655
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SUSAN A. YOUNG 1022 FINCASTLE CT. NEW PORT RICHEY, FL. 34655
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  ROBERT W. YOUNG, PHD. PRESIDENT 3/15/2009 727-7729-6469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #