


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90507 034 \*\*\*150.00

<b>DOCUMENT # P99000065877</b>	
1. Entity Name <b>GENESIS BEHAVIORAL HEALTH CARE SERVICES, INC.</b>	

Principal Place of Business <b>1000 5TH STREET S.E. WINTER HAVEN, FL 33880</b>	Mailing Address <b>1000 5TH STREET S.E. WINTER HAVEN, FL 33880</b>
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**54040067**



2. Principal Place of Business <b>589 Avenue K, S.E.</b>	3. Mailing Address <b>589 Avenue K, S.E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

04202004 Chg-P CR2E034 (10/03)

City & State <b>Winter Haven, Florida</b>	City & State <b>Winter Haven, Florida</b>
Zip <b>33880</b>	Country <b>USA</b>
Zip <b>33880</b>	Country <b>USA</b>

4. FEI Number <b>65-0936087</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LUMBERSON, JAMES C DR 900 ORCHID SPRINGS DR SUITE A WINTER HAVEN, FL 33884</b>	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>589 Avenue K, S.E.</b> City <b>Winter Haven</b> FL Zip Code <b>33880</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LUMBERSON, JAMES C 900 ORCHID SPRINGS DR SUITE A WINTER HAVEN, FL 33884 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James C. Lumberson Ph.D. CMHC 4-20-04 863-401-9934  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #