

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 21, 2007 8:00 am**  
**Secretary of State**

06-21-2007 90021 006 \*\*\*158.75

**DOCUMENT # F97000003822**

1. Entity Name  
**YOUTH SERVICES INTERNATIONAL, INC.**



Principal Place of Business  
**1819 MAIN ST  
STE 1000  
SARASOTA, FL 34236 US**

Mailing Address  
**1819 MAIN ST  
STE 1000  
SARASOTA, FL 34236 US**

2. Principal Place of Business - No P.O. Box #  
**6000 Catteridge Drive  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address  
**6000 Catteridge Drive  
Suite, Apt. #, etc.  
Suite 200**

City & State  
**Sarasota, FL**  
Zip  
**34232**  
Country  
**US**

City & State  
**Sarasota, FL**  
Zip  
**34232**  
Country  
**US**

06042007 Chg-P CR2E034 (12/06)

4. FEI Number  
**52-1715690**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
SLATTERY, JAMES F  
1819 MAIN ST STE 1000  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SRVP  
SCHAROUN, DAVID A  
1819 MAIN ST STE 1000  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SRVP  
WILLIAMS, JESSE  
1819 MAIN STREET SUITE 1000  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
LAMBERT, MICHAEL  
1819 MAIN STREET SUITE 1000  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
HARPER, WOODROW W  
1819 MAIN STREET SUITE 100  
SARASOTA, FL 34236** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Slattery, James F.  
6000 Catteridge Drive, Suite 200  
Sarasota, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAVP  
Scharoun, David A.  
6000 Catteridge Drive, Suite 200  
Sarasota, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SAVP  
Williams, Jesse  
6000 Catteridge Drive, Suite 200  
Sarasota, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VP  
Lambert, Michael  
6000 Catteridge Drive, Suite 200  
Sarasota, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
Harper, Woodrow W  
6000 Catteridge Drive, Suite 200  
Sarasota, FL 34232** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

**David A. Scharoun**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/18/07**  
Date

**941-953-9199**  
Daytime Phone #