

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 AM
Secretary of State

DOCUMENT # F97000003822	
1. Entity Name YOUTH SERVICES INTERNATIONAL, INC.	
Principal Place of Business 6000 CATTLERIDGE DRIVE SUITE 200 SARASOTA, FL 34232 US	Mailing Address 6000 CATTLERIDGE DRIVE SUITE 200 SARASOTA, FL 34232 US



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

04/11/08-80071-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SLATTERY, JAMES F
STREET ADDRESS	6000 CATTLERIDGE DRIVE, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SRVP
NAME	SCHAROUN, DAVID A
STREET ADDRESS	6000 CATTLERIDGE DRIVE, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	SRVP
NAME	WILLIAMS, JESSE
STREET ADDRESS	6000 CATTLERIDGE DRIVE, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VP
NAME	LAMBERT, MICHAEL
STREET ADDRESS	6000 CATTLERIDGE DRIVE, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	EVP
NAME	HARPER, WOODROW W
STREET ADDRESS	6000 CATTLERIDGE DRIVE, SUITE 200
CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David A. Scharoun

3/26/08

Date

Daytime Phone #