FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:51

DOCUMENT # 718784 (2)

1. Corporation Name

BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business	Mailing Address
1236 9TH STREET NORTH ST. PETERSBURG FL 33705	1236 9TH STREET NORTH ST. PETERSBURG FL 33705

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/01/1970
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1290089 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

~~BOWMAN, WARREN~~ Gary MacMath
1236 -9TH STREET NORTH
ST. PETERSBURG FL 33705

10. Name and Address of New Registered Agent

81 Name: Gary MacMath
82 Street Address (P.O. Box Number is Not Acceptable): 1236 9th Street North
83
84 City: St. Petersburg FL 85 Zip Code: 33705

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] Gary MacMath 1/23/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	LeRoy Williams	☒ Change ☐ Addition
NAME	BOWMAN, WARREN	1.2 NAME		
STREET ADDRESS	280 8TH STREET EAST	1.3 STREET ADDRESS	3200 44th Avenue North	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Petersburg, FL 33714	
TITLE	ED	2.1 TITLE		☐ Change ☐ Addition
NAME	HAYS, PAULA	2.2 NAME		
STREET ADDRESS	1236-9TH STREET NORTH	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	James Stewart	☒ Change ☐ Addition
NAME	MISIEWICZ, PAUL V.	3.2 NAME		
STREET ADDRESS	1601 CENTRAL AVENUE	3.3 STREET ADDRESS	6303 D Pelican Creek Crossing	
CITY-ST-ZIP	ST. PETERSBURG FL	3.4 CITY-ST-ZIP	St. Petersburg, FL 33707	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	KOENIG, MARY R	4.2 NAME		
STREET ADDRESS	6505 2ND AVE N	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do 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)(i), 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] Leroy Williams 1/23/95 (813)824-5700
SIGNATURE REQUIRED ON PRINTED NAME OF BOARD OFFICER OR DIRECTOR Date Daytime Phone #

0614811