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Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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 337051236 9TH STREET NORTH
ST. PETERSBURG FL 33705-10013. Date Incorporated or Qualified
07/01/19703a. Date of Last Report
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1290089

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐\$5.00 May Be
Added to Fees

Trust Fund Contribution

☐8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACMATH, GARY
1236 9TH STREET NORTH
ST-PETERSBURG FL 33705

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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
NAME WILLIAMS, LEROY
STREET ADDRESS 3200 44TH AVENUE NORTH
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE ED
NAME HAYS, PAULA
STREET ADDRESS 1236 9TH STREET NORTH
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE VD
NAME STEWART, JAMES
STREET ADDRESS 6303 D PELICAN CREEK CROSSING
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE VD
NAME KOENIG, MARY R
STREET ADDRESS 6505 2ND AVE N
CITY-ST-ZIP ST. PETERSBURG FL☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE1.1 TITLE PD
1.2 NAME DAVID MILLER
1.3 STREET ADDRESS P.O. BOX 14042 N/A
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33733☒ Change ☐ Addition2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP☐ Change ☐ Addition3.1 TITLE VD
3.2 NAME LESLIE CURRAN
3.3 STREET ADDRESS 175 5TH STREET N.
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33701☒ Change ☐ Addition4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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, with an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

David Miller, President

Date

2/13/97

Daytime Phone # 888-0063

CP2E037 (9/96)