

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 718784**

1. Corporation Name

**BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE, INC.**

Principal Place of Business

1236 9TH STREET NORTH  
ST. PETERSBURG FL 33705

Mailing Address

1236 9TH STREET NORTH  
ST. PETERSBURG FL 33705

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90300 005 \*\*\*\*61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

3. Date Incorporated or Qualified

07/01/1970

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

5/13/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MILLER, DAVID  
STREET ADDRESS P.O. BOX 14042 N/A  
CITY-ST-ZIP ST. PETERSBURG FL 33733

TITLE ☐ DELETE

NAME HAYS, PAULA  
STREET ADDRESS 1236-9TH STREET NORTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME CURRAN-FEINBERG, LESLIE  
STREET ADDRESS 546 LAKE MAGGIORE BLVD. SOUTH  
CITY-ST-ZIP ST. PETERSBURG FL 33705

TITLE ☐ DELETE

NAME KOENIG, MARY R  
STREET ADDRESS 6505 2ND AVE N  
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-99

Date

Daytime Phone #

CR2E037 (11/98)