2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# 718784

Entity Name: BOLEY CENTERS FOR BEHAVIORAL HEALTH CARE, INC.

Current Principal Place of Business:

445 31ST STREET N
SAINT PETERSBURG, FL 33713

New Principal Place of Business:

Current Mailing Address:

445 31ST STREET N
SAINT PETERSBURG, FL 33713

New Mailing Address:

FEI Number: 59-1290089 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACMATH, GART
445 31ST STREET
SAINT PETERSBURG, FL 33713 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MILLER, DAVID	
Address:	P.O. BOX 14042 N/A	
City-St-Zip:	ST. PETERSBURG, FL 33733	
Title:	P	( ) Delete
Name:	MACMATH, GARY	
Address:	445 31ST STREET N	
City-St-Zip:	SAINT PETERSBURG, FL 33713	
Title:	D	( ) Delete
Name:	CURRAN-FEINBERG, LESLIE	
Address:	546 LAKE MAGGIORE BLVD. SOUTH	
City-St-Zip:	ST. PETERSBURG, FL 33705	
Title:	D	( ) Delete
Name:	KOENIG, MARY R,	
Address:	6505 2ND AVE N	
City-St-Zip:	ST. PETERSBURG, FL	
Title:	C	( ) Delete
Name:	HOUGH, WILLIAM R	
Address:	100 2NS AVENUE S	
City-St-Zip:	SAINT PETERSBURG, FL 33701	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY MACMATH P 04/30/2002

Electronic Signature of Signing Officer or Director — Date