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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # 756431 (3)

1. Corporation Name
RENAISSANCE BEHAVIORAL HEALTH SYSTEMS, INC.

Principal Place of Business	Mailing Address
11820 BEACH BOULEVARD JACKSONVILLE FL 32246 US	11820 BEACH BOULEVARD JACKSONVILLE FL 32246 US

3. Date Incorporated or Qualified: 02/19/1981

4. FEI Number: ~~59-2225017~~ 59-3010472 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 900 UNIVERSITY BLVD N.	26 P.O. BOX 19249
Suite, Apt. #, etc. 22 Suite 700	Suite, Apt. #, etc. 27
City & State 23	City & State 28 JACKSONVILLE, FL
Zip 24 32211 Country 25	Zip 29 32245 Country 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

SOMMERS, ROBERT A PHD M
11820 BEACH BLVD
JACKSONVILLE FL 32246

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 900 UNIVERSITY BLVD. N.

83 SUITE 700

84 City: JACKSONVILLE FL 85 Zip Code: 32211

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	LOAR, KENTON		1.2 NAME	
STREET ADDRESS	11820 BEACH BVLD.		1.3 STREET ADDRESS	900 University Blvd.N., Ste. 700
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DOUGLASS, SALLY H		2.2 NAME	
STREET ADDRESS	225 WATER ST., SUITE 1200		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32202-5176		2.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	SOMMERS, ROBERT A		3.2 NAME	x
STREET ADDRESS	11820 BEACH BLVD.		3.3 STREET ADDRESS	900 University Blvd., No., Ste.700
CITY-ST-ZIP	JACKSONVILLE FL		3.4 CITY-ST-ZIP	Jacksonville, FL 32211
TITLE	DC	☑ DELETE	4.1 TITLE	CHAIRMAN/DIRECTOR ☐ Change ☑ Addition
NAME	EDWARDS, JOHN JR		4.2 NAME	HENRY JOHNSON, JR.
STREET ADDRESS	5054 SOUTELL DR		4.3 STREET ADDRESS	900 UNIVERSITY BLVD. N., Suite 700
CITY-ST-ZIP	JACKSONVILLE FL 32208		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HILL, JOAN		5.2 NAME	
STREET ADDRESS	11901 BEACH BLVD.		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	6.1 TITLE	VICE CHAIRMAN/DIRECTOR ☐ Change ☑ Addition
NAME	MAYO, MARC		6.2 NAME	E.C. GREGORY
STREET ADDRESS	2065 HERSCHEL ST.		6.3 STREET ADDRESS	900 University Blvd. N., Suite 700
CITY-ST-ZIP	JACKSONVILLE FL		6.4 CITY-ST-ZIP	JACKSONVILLE, FL 32211

CR2E037 (10/97)

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.

SIGNATURE: Robert A. Sommers Robert A. Sommers (904) 743-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0006492