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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 756431

1. Corporation Name

RENAISSANCE BEHAVIORAL HEALTH SYSTEMS, INC.

Principal Place of Business

**900 UNIVERSITY BLVD N.
SUITE 700
JACKSONVILLE FL 32211
US**

Mailing Address

**P.O. BOX 19249
JACKSONVILLE FL 32245
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

02/19/1981

4. FEI Number

59-3010472

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

**SOMMERS, ROBERT A PHD M
900 UNIVERSITY BLVD N.
SUITE 700
JACKSONVILLE FL 32211**

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

12.

OFFICERS AND DIRECTORS

TITLE ☐ DELETE

DT
LOAR, KENTON
900 UNIVERSITY BLVD N SUITE 700
JACKSONVILLE FL 32211

TITLE ☐ DELETE

D
DOUGLASS, SALLY H
225 WATER ST., SUITE 1200
JACKSONVILLE FL 32202-5176

TITLE ☐ DELETE

DP
SOMMERS, ROBERT A
900 UNIVERSITY BLVD N. SUITE 700
JACKSONVILLE FL 32211

TITLE ☐ DELETE

VD
JOHNSON, HENRY JR.
900 UNIVERSITY BLVD N SUITE 700
JACKSONVILLE FL 32211

TITLE ☐ DELETE

D
HILL, JOAN
11901 BEACH BLVD.
JACKSONVILLE FL

TITLE ☐ DELETE

VCD
GREGORY, E.C.
900 UNIVERSITY BLVD N SUITE 700
JACKSONVILLE FL 32211

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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DC

DS

**900 UNIVERSITY BLVD N,
JACKSONVILLE, FL 32211**

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

2/25/99 904-743-1883

Date

Daytime Phone #

CR2E037 (11/98)