

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756431

FILED
Feb 09, 2005
Secretary of State

Entity Name: RENAISSANCE BEHAVIORAL HEALTH SYSTEMS, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 19249
JACKSONVILLE, FL 32245 US

New Mailing Address:

FEI Number: 59-3010472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOMMERS, ROBERT A PHD M
900 UNIVERSITY BLVD N.
SUITE 700
JACKSONVILLE, FL 32211 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: DT () Delete
Name: LOAR, KENTON
Address: 3901 S. FLAGLER DR., UNIT 1005
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: BREW, RICHARD
Address: 1301 RIVERDPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32207

Title: DP () Delete
Name: SOMMERS, ROBERT A
Address: 900 UNIVERSITY BLVD N. SUITE 700
City-St-Zip: JACKSONVILLE, FL 32211

Title: DC () Delete
Name: JOHNSON, HENRY JR.
Address: 2933 NORTH MYRTLE AVE., SUITE 200
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: LEWIS, CHARLES
Address: 5307 FLEET LANDING
City-St-Zip: JACKSONVILLE, FL 32233

Title: VCD () Delete
Name: GREGORY, E.C.
Address: 12874 DUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225

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: DS (X) Change () Addition
Name: SMITH, RUSSELL A
Address: 519 NEWNAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: ROBERT A. SOMMERS

DP

02/09/2005

Electronic Signature of Signing Officer or Director

Date