


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2008 8:00 am
Secretary of State

02-06-2008 90025 014 ****70.00

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1. Entity 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 - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number
59-3010472

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

01302008 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOAR, KENTON 700 SOUTH HARBOUR ISLAND BLVD #544 TAMPA, FL 33602 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3901 South Flagler Drive, Unit 1005 West Palm Beach, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BREW, RICHARD P. O. BOX 10209 JACKSONVILLE, FL 32247 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SOMMERS, ROBERT A 900 UNIVERSITY BLVD N. SUITE 700 JACKSONVILLE, FL 32211 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC JOHNSON, HENRY JR 2933 NORTH MYRTLE AVE., SUITE 200 JACKSONVILLE, FL 32209 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8933 Elizabeth Falls Drive Jacksonville, FL 32257
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SMITH, RUSSELL 519 NEWNAN STREET JACKSONVILLE, FL 32202 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD GREGORY, E.C. 12874 DUNES COURT JACKSONVILLE, FL 32225 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Sommers Robert Sommers 2-4-08 904-743-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # X 219