

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756431

FILED
Mar 23, 2009
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:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 US

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

Name and Address of New Registered Agent:

SOMMERS, ROBERT A
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 US

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

03/23/2009

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: LOAR, KENTON
Address: 3901 SOUTH FLAGLER DRIVE, UNIT 1005
City-St-Zip: WEST PALM BEACH, FL 33405

Title: D () Delete
Name: BREW, RICHARD
Address: P. O. BOX 10209
City-St-Zip: JACKSONVILLE, FL 32247

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: 8933 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DS () Delete
Name: SMITH, RUSSELL
Address: 519 NEWNAN STREET
City-St-Zip: JACKSONVILLE, FL 32202

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: DP (X) Change () Addition
Name: SOMMERS, ROBERT A
Address: 10550 DEERWOOD PARK BOULEVARD, SUITE 600
City-St-Zip: JACKSONVILLE, FL 32256

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 exemption stated 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 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 SOMMERS

Electronic Signature of Signing Officer or Director

DP

03/23/2009

Date