

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756431

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** RENAISSANCE BEHAVIORAL HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

10550 DEERWOOD PARK BOULEVARD  
SUITE 600  
JACKSONVILLE, FL 32256 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  
10550 DEERWOOD PARK BOULEVARD  
SUITE 600  
JACKSONVILLE, FL 32256 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  
**Name:** LOAR, KENTON  
**Address:** 3901 SOUTH FLAGLER DRIVE, UNIT 1005  
**City-St-Zip:** WEST PALM BEACH, FL 33405

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

**Title:** DP  
**Name:** SOMMERS, ROBERT A  
**Address:** 10550 DEERWOOD PARK BOULEVARD, SUITE 600  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** DC  
**Name:** JOHNSON, HENRY JR  
**Address:** 8933 ELIZABETH FALLS DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32257

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** ROBERT SOMMERS

DP

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date