2001 UNIFORM BUSINESS REPORT (UBR)

1. Entity Nan	IMENT # 762852 LAWRENCE MENTAL HEALTH	CENTER, INC.	Jan 19, 2001 8:00 am Secretary of State 01-19-2001 90072 044 ****70.00							
Principal Plac	ce of Business	Mailing Address								
6075 GOLDEN NAPLES FL 3 US	n gate parkway 14116	6075 GOLDEN GATE PAR NAPLES FL 34116	RKWAY	UUUU4607						
2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.	······································	DO NOT WRITE IN THIS SPACE						
City & Star	te	City & State		4. FEI Number	 59-2206025		plied For t Applicable			
Zip	Country	Zip	Country	5. Certificate of S		\$8.75 Add	itional			
	6. Name and Address of Current	Registered Agent	 -	7. Name and Add	dress of New Registere					
			Name							
	EL, DAVID C.		Street Addre	Street Address (P.O. Box Number is Not Acceptable)						
6075 GO	LDEN GATE PARKWAY FL 34116									
744 220			City		F	L Zip Code	,			
8. The above SIGNATURE	e named entity submits this statement for	un	0		,	10-01				
· -	Signature, typed or printed name of registered agent	and title if applicable. (NÓ	TÉ: Registered Agent signature re	quired when reinstating)	DATE	<u> </u>				
	FILE NOW: FEE IS \$61.25	9. Election Campaig Trust Fund Contril	· · · · · · · · · · · · · · · · · · ·	5.00 May Be dded to Fees		k Payable to nt of State	20 to 100			
10.	OFFICERS AND DI	RECTORS	11,	ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN	10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, MICHAEL 400 4TH AVE N NAPLES FL 34102	D elete	STREET ADDRESS 2	D C.Arthur F 385 Gulf Sho aples, 7L 34	re Blud. N #1	Change	Addition S			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAST, JOHN 850 PARKSHORE DR; TRAINON NAPLES FL 34103		D b) Lawel cak aples FL 34		Change	Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KELLY, SHAUN 801 ANCHOR RODE DR NAPLES FL 34103	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NPD BOYD, KIM RODGERS 15600 WATER OAK CT PUNTA GORDA FL 33982	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	inarich, Kin	<u> </u>	X Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEZESHKAN, LINDA PO BOX 7075 NAPLES FL 34101-7075	☐ Delete		D 309 Harrie Japles 7t	17 Run 34105	X Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ABEMATHY, KENNETH 4200 BELAIR LANE #108 NAPLES FL 34103	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change Change	Addition			
of the cor	certify that the information supplied with I on this report or supplemental report is rporation or the receiver or trustee empor , or on an attachment with an address, we	true and accurate and that wered to execute this repor	my signature shall have t as required by Chapter	the same legal effect as	if made under oath; that	i am an officer	or director			

2000	INU C	FORM	BUS	INESS RE	PORT	(UB	R)	1					
DOCUMENT # 762852 1. Entity Name								A.	Hack	Mel	nts	h	ed
DAVID L	AWRENCI	E MENTAL	HEALTH	CENTER, INC.	•			#	7628	752			
Principal Place of Business				Mailing Address			1	-"	100				
6075 GOLDEN GATE PARKWAY NAPLES FL 34116 US				6075 GOLDEN GATE PARKWAY NAPLES FL 34116-7454				. D	00040	007			
2. Principal F	Place of Busin	ness	<u></u>	3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.					-			•	
City & Stat	City & State				City & State			4. FEI Number 59-2206025			F		lied For Applicable
Zip		Country	,	Žip	Co	ountry		5. Certifica	ite of Status Des	ired	\$8.75 Fee Rec		
-	6. Name	and Address	of Current	Registered Agent		Name		7.−Name a	nd Address of N	lew Register	ed Agent	27 4 4	
SCHIMME:				•	•	Street /	Address (P.	O. Box Num	ber is Not Acce	otable)			-
SCHIMMEL, DAVID C. 6075 GOLDEN GATE PARKWAY						ļ	 						
NAPLES FL 34116						City				···············	-L Zip	Code	
8. The above	named entit	v submits this s	statement fo	r the purpose of chan	aina its reaiste	red office o	or registered	d agent, or t	noth, in the state		TL		
SIGNATURE	Signature, typed	or printed name of te	200 agent	and little if applicable.	(NOTE: Registe	ed Agent signs	ature required w	hen reinstating)		1-10	-0/		
erenne ko	FILE FIEE IS	and compared to the second second		567	impaign Financ Contribution.	ing	\$5.00 Added t	May Be to Fees		Make Che Departm	ck Payabl		
10.		OFFICE	RS AND DIF		11		AC	DITIONS/	HANGES TO O	FICERS AND			
TITLE NAME			,	☐ Dele	te TIT NA		Bari f	larole	A Brown	· 37.	☐ Chai	ige 🚅	Addition
STREET ADDRESS]			•		REET ADDRESS	1055	triba	Andrew:	s Blud			
CITY-ST-ZIP	<u> </u>	··········				Y-ST-ZIP	Dot	les,	9L 341	13	☐ Char		Addition
NAME				1-	, NA	ME	Miche	ile A	hon	Deino	_	igo	Addition
STREET ADDRESS CITY-ST-ZIP	{ 		f_{ij}	ना असी		REET ADDRESS Y-ST-ZIP	1000	N. 40	seshoe				
TITLE		 .		☐ Dele	te T(T	LE N	Ďah.	Wat	seloc	<u> </u>	☐ Char	nge .	Addition
NAME STREET ADDRESS	ł				NA STF	ME REET ADDRESS	SOPA	Delia	can Bay	1 Blud	Suite	101	i
CITY-ST-ZIP						Y-ST-ZIP	Naol	es.71	- 3410	8	· · · · · · · · · · · · · · · · · · ·		
TITLE NAME	92 23			☐ Dele			D.,	 	m Las	ام الم	☐ Chai	nge	Addition
STREET ADDRESS		#2.×.			NAI Str	ne Reet addréss	372 5	Edger	nore w	EVE V	orth		
CITY-ST-ZIP					- CIT	Y-ST-ŽIP	Nac	باوگ :	~ · _ ·	105-1	7105		
TITLE NAME	ŀ	• •	3	☐ Dele	te Tit		2000		-1		☐ Char	ige .	Addition
STREET ADDRESS]				STF	REET ADDRESS	3656	SHILL OLI HO	out ko	2d, 501	eth		
CITY-ST-ZIP	<u> </u>		·	FIA		Y-ST-ZIP	Nap	les, F	-6 341				Andres
NAME .				☐ Dele	te TIT		Scott	R.V	shitne	-U	☐ Chai	ige	Addition
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS Y-ST-ZIP	1004	COC	as privi		-C			
12. I hereby	certify that the	e information su	polied with	this filing does not qu	alify for the ex	emption sta	IFOT+ ated in Sect	ion 119.07(CS, +L 3)(i), Florida Stat	utes. I furthe	r certify that	the info	ormation
indicated of the cor changed	on this repor poration or the , or on an atta	rt or supplemen ne receiver or tr achment with ar	ital report is ustee empo n address, v	true and accurate an wered to execute this vith all other like empo	d that my signa report as requi	ature shall I ired by Chi	have the sa apter 617, F	me legal efi Florida Statu	ect as if made u ites; and that my	nder oath; th name appea	at I am an of ars in Block 1	licer or 10 or B	r director Block 11 if

SIGNATURE: _