

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000596**

1. Entity Name

COLUMBIA BEHAVIORAL HEALTH, LTD.

Principal Place of Business

**11100 NORTHWEST 27TH STREET
MIAMI FL 33172**

Mailing Address

**PO BOX 750
NASHVILLE TN 37202**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

62-1678885

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name **CT Corporation System**
Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road
City **Plantation** FL Zip Code **33324**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

**JENNIFER F AULTMAN
ASSISTANT SECRETARY**

DATE

4-11-02

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **P96000048909**
NAME **COLUMBIA BEHAVIORAL HEALTHCARE OF S FL, INC**
STREET ADDRESS **ONE PARK PLAZA**
CITY-ST-ZIP **NASHVILLE TN 37203**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

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04/22/02 01070 016
******141.25 ****141.25**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Donna L. DeQuirio Assistant Sec. 3-22-02 344-2190

Date

Daytime Phone #

APPROVED
AND
FILED

02 APR 17 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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CR2E003 (9/01)