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**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F97000003822**

1. Corporation Name

YOUTH SERVICES INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

**2 PARK CENTER COURT, STE. 200
OWINGS MILLS MD 21117****2 PARK CENTER COURT, STE. 200
OWINGS MILLS MD 21117**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE
**NAME COLE, TIMOTHY P
STREET ADDRESS 2 PARK CENTER COURT, STE. 200
CITY-ST-ZIP OWINGS MILLS MD 21117**
TITLE D ☐ DELETE
**NAME ANDREINI, ALAN J
STREET ADDRESS 2 PARK CENTER COURT, STE. 200
CITY-ST-ZIP OWINGS MILLS MD 21117**
TITLE CFOT ☒ DELETE
**NAME MOONEY, WILLIAM P
STREET ADDRESS 2 PARK CENTER CT, SUITE 200
CITY-ST-ZIP OWINGS MILLS MD 21117**
TITLE D ☐ DELETE
**NAME HUSKEY, BOBBIE
STREET ADDRESS 2 PARK CENTER COURT, STE. 200
CITY-ST-ZIP OWINGS MILLS MD 21117**
TITLE V ☒ DELETE
**NAME DOLCH, DAVID B
STREET ADDRESS 2 PARK CENTER COURT, STE. 200
CITY-ST-ZIP OWINGS MILLS MD 21117**
TITLE S ☐ DELETE
**NAME DEMILIO, MARK S
STREET ADDRESS 2 PARK CENTER COURT, STE. 200
CITY-ST-ZIP OWINGS MILLS MD 21117**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

ST

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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

410/356-8600