FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

| | 1000 | | | | | | SS FER IS A | 110: 58 | |
|---|--|---------------------|---|-----------------------|---------------------|--------------|--|-------------------|-------------------|
| DOCUMENT # F9700003822 1. Corporation Name YOUTH SERVICES INTERNATIONAL, INC. | | | | | | | 55 r (10 fr - 17 | 110- 50 | |
| | | | | | | | SECREPART C | - STATE | |
| TOUTH | SERVICES INTERNATIONAL, | INC. | • | | | | TALL STATE OF THE PARTY OF THE | elonioa. | 11016 HA116A |
| | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | |
| 2 PARK CENTER COURT. STE. 200 2 PARK CENTER COURT. STE. 200 | | | | | | | | | |
| OWINGS MILLS MD 21117 OWINGS MILLS MD 21117 | | | | | | | DO NOT MOUTE IN THE | 0.004.05 | |
| | | | | | | | DO NOT WRITE IN THI 3. Date Incorporated or Qualifed | SPACE | |
| | | | | | | | 07/22/1997 | | |
| 2. Principal F | Place of Business | 2a. | Mailing Address | • | | • | 4. FEI Number | A | oplied For |
| 21 | | 26 | | | | | 52-1715690 | The second second | ot Applicable |
| Sulte, Apt. | #, etc. | \vdash | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired [_] | | Additional |
| 22 City & Stat | 10 | 27 | City & State | | | | | | equired |
| 23 | | 28 | City di Giale | | | | 6. Election Campaign Financing Trust Fund Contribution | | May Be to Fees |
| Zip | Country | 120, | Zip | Cour | ntry | | 8. This corporation owes the current year in | | |
| 24 | | | | | | | Personal Property Tax. | □Yes | □No |
| | 9. Name and Address of Current | Regis | tered Agent | | na[| | 10. Name and Address of New Registered | l Agent | |
| C T CORPORATION SYSTEM | | | | | 81 Name | | | | |
| 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | | B2 Street | Addres | ss (P.O. Box Number is Not Acceptable) | | |
| | | | | ŀ | 83 | | | | |
| | | | | | | | and the second of the second o | المتاسين والمعاشد | |
| | | | | | 84 City | | FI | 85 Zip | Code |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the ab office or registered agent, or both, in the State of Florida. Such change was authorized | | | | | ove-named | corpor | ration submits this statement for the purpose of | f changing its | registered |
| office or r agent. I a | registered agent, or both, in the State o im familiar with, and accept the obligation | f Floric ons of, | la. Such change was aul , Section 607.0505, Florid | thorized da Statui | by the corp tes. | oration | i's board of directors. I hereby accept the appoint | intment as re | gistered |
| SIGNATURE | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable (NOTE Registe | | | | | igent signature r | required w | wher reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A | ND DIDECTO | DS IN 12 |
| TITLE | CP | | DELETE | 13. | E | r | Applitions of Mides 10 of Floring A | ☐ Change | Addition |
| NAME | COLE, TIMOTHY P | | | 1 2 NAN | 1E | | | _ • | _ |
| STREET ADDRESS | A GLOW ACKEES ASSIST ATE | 200 | | 13 STR | EET ADDRESS | | | | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | | | 14 C/T | r-ST-ZIP | | | | |
| TITLE | D | | ☐ DELETE | 217/11 | E | | | []] Change | Addition |
| NAME | ANDREINI, ALAN J | ••• | | 22 NAN | | | | | |
| STREET ADDRESS | | 200 | | | EET ADDRESS | | | | |
| OTTY-ST-ZIP TITLE | OWINGS MILLS MD 21117 CFOT | | XXXELETE | 2 4 CIT 3 1 TITL | Y-ST-ZIP | | = | Change | ☐ Addition |
| NAME | MOONEY, WILLIAM P | | | 3 2 NAA | | | | | |
| STREET ADDRESS | | ı | | | EET ADDRESS | | | | |
| OTY-ST-ZIP | OWINGS MILLS MD 21117 | | | | Y-ST-ZIP | | | | |
| TITLE | D | | ☐ DELETE | 4 1 TiTL | E | | | ☐ Change | Addition |
| NAME | HUSKEY, BOBBIE | | | 4 2 NA/ | ME | | | | |
| STREET ADDRESS | 2 PARK CENTER COURT, STE. 2 | 200 | | 4.3 STR | EET ADDRESS | | | | |
| CTTY-ST-ZIP | OWINGS MILLS MD 21117 | | Free ere | | (-ST-ZIP | ļ | | | <u> </u> |
| TITLE | V DOLCH DAMD B | | ₩ DELETE | 5 1 TITU 5 2 NAM | | | | ☐ Change | Addition |
| NAME STREET ADDRESS | DOLCH, DAVID B 2 PARK CENTER COURT, STE. 1 | 200 | | | EET ADDRESS | | | | |
| CITY-ST-ZIP | OWINGS MILLS MD 21117 | LUU | | | r-ST-ZIP | | | | |
| TITLE | S | | DELETE | 6.1 TITL | | ST | <i>////</i> | XX Change | ☐ Addition |
| NAME | DEMILIO, MARK S | | | 6.2 NAM | Œ | | ÚV. | 42019 | |

OWINGS MILLS MD 21117 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 opport anachment with an address, with all other like empowered.

63 STREET ADDRESS

64 CITY-ST-ZIP

STREET ADDRESS

2 PARK CENTER COURT, STE. 200