

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90039 022 ***150.00

DOCUMENT # F97000003822

1. Entity Name
YOUTH SERVICES INTERNATIONAL, INC.



Principal Place of Business

1819 MAIN ST
STE 1000
SARASOTA, FL 34236 US

Mailing Address

1819 MAIN ST
STE 1000
SARASOTA, FL 34236 US

94041557



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-1715690

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SLATTERY, JAMES F
STREET ADDRESS 1819 MAIN ST STE 1000
CITY-ST-ZIP SARASOTA, FL 34236

TITLE VST
NAME WAGNER, BERNARD
STREET ADDRESS 1819 MAIN ST STE 1000
CITY-ST-ZIP SARASOTA, FL 34236

TITLE ~~VST~~
NAME ~~RAPONE, THOMAS C~~
STREET ADDRESS ~~1819 MAIN ST, STE 1000~~
CITY-ST-ZIP ~~SARASOTA, FL 34236~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BERNARD A. WAGNER

3/29/04 914/953-9199
Date Daytime Phone #