PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F98000001409

RAMSAY YOUTH SERVICES OF FLORIDA, INC.

Mailing Address

## FILED Apr 01, 1999 8:00 am Secretary of State

04-01-1999 90077 024 \*\*\*158.75



Principal Place	e or business	Mailing Address						
ONE ALHAMBR	RA PLAZA STE 750 S FL 33134	ONE ALHAMBRA PLAZA STE CORAL GABLES FL 33134	750					
					DO NOT WRITE	IN THIS S	PACE	
					<ol><li>Date Incorporated or Qualifed</li></ol>			1
	1				03/12/1998			
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		A	plied For
— ·	iace of Eddiness	<u>⊢</u>			65-081692	Ì		ot Applicable
21	<u> </u>	26 Suite Ant # oto		· · · · · · · · · · · · · · · · · · ·	0)-0010-17-	<u>'</u>		Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	X .	T	equired.
22	مقطيع مدينة بيليكونيي سا	27				<u>/</u>	<del> </del>	··
City & Stat	te '	City & State			6. Election Campaign Financing	П	\$5.00	
23		28			Trust Fund Contribution		Added	to Fees
Zip	Country	Zip	Country	•	8. This corporation owes the current	ıt year Intar	igible	
24	25	29 30	5		Personal Property Tax.	{	☐Yes	□No
<del></del>	9. Name and Address of Current		<u> </u>		10. Name and Address of New Re	gistered A	gent	
			81	Name				
COB	RPORATION SERVICE COMPANY			l				
			82	Street A	Address (P.O. Box Number is Not Acceptable)			
	1 HAYS STREET							
TALL	LAHASSEE FL 32301-2525		83	ļ				}
			-				7:-	Code
	•		84	City		FL	85 Zip	Code
	40-11-12-07-05-0	4 007 4500 Ft-sid- St-tut-	<u> </u>		postore submits this statement for the ol		hanging its	registered
11. Pursuant	to the provisions of Sections 607.050∠ registered agent, or both, in the State of	and 607.1508, Florida Statutes, Febrida: Such change was auth	ne abovi orized by	the corpo	corporation submits this statement for the provincion's board of directors. I hereby accept	the appoint	ment as re	gistered
agent. I a	im familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes		, ,			
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered agent	and the Manageria	alatared Ager			DATE		
	Signature, typed or printed name of registered agent a	апо ше в аррксарів. (NOTE. Re	idistalan udai	nt signature re	equired when reinstating)			i
12.	OFFICERS AND		13.	nt signature ra	ADDITIONS/CHANGES TO OFFI		DIRECTO	
<del> </del>	OFFICERS AND			nt signature re		CERS AND	DIRECTO	DRS IN 12
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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

3 25 99

Daytime Phone #

32E034 (11/9)