

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

002556

PROFIT CORPORATION ANNUAL REPORT 1999



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

98 OCT 22 11:10:59  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # F98000007065  
1. Corporation Name  
**ALTERNATIVE BEHAVIORAL SERVICES, INC.**



Principal Place of Business Mailing Address  
240 CORPORATE BOULEVARD NORFOLK VA 23502

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/29/1998**

4. FEI Number  
**54-1757063**

5. Certificate of Status Desired  Applied For  Not Applicable   
**\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax  Yes  No

10. Name and Address of New Registered Agent

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

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 firm if applicable) (NOTE: Registered Agent signature is required when "Yes" is checked) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	[ ] DELETE
NAME	IRBY, EDWARD C JR	
STREET ADDRESS	240 CORPORATE BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	V	[ ] DELETE
NAME	TURNER, WILLIAM E III	
STREET ADDRESS	240 CORPORATE BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	S	[ ] DELETE
NAME	NUSS, GLORIA J	
STREET ADDRESS	240 CORPORATE BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	T	[ ] DELETE
NAME	MCCARTHY, TIMOTHY D	
STREET ADDRESS	240 CORPORATE BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE	CD	[ ] DELETE
NAME	DOZORETZ, RONALD I MD	
STREET ADDRESS	240 CORPORATE BOULEVARD	
CITY-ST-ZIP	NORFOLK VA 23502	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

800002823058-- 1  
-03/30/99--01029--008  
\*\*\*\*150.00 \*\*\*\*150.00  
[ ] Change [ ] Addition

VP  
Lenard J. Lexier, M.D.  
240 Corporate Blvd.  
Norfolk, VA 23502

VP  
326 877

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: *Edward C. Irby, Jr.* Edward C. Irby, Jr. (757)459-5200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)