

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90104 010 ***150.00

DOCUMENT # F98000007065

1. Entity Name
ALTERNATIVE BEHAVIORAL SERVICES, INC.

Principal Place of Business CORPORATE BOULEVARD NORFOLK VA 23502	Mailing Address 240 CORPORATE BOULEVARD NORFOLK VA 23502-4948
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NUMBER



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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4. FEI Number 54-1757063	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRBY, EDWARD C JR 240 CORPORATE BOULEVARD NORFOLK VA 23502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, WILLIAM E III 240 CORPORATE BOULEVARD NORFOLK VA 23502 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NUSS, GLORIA J 240 CORPORATE BOULEVARD NORFOLK VA 23502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCCARTHY, TIMOTHY D 240 CORPORATE BOULEVARD NORFOLK VA 23502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOZORETZ, RONALD I MD 240 CORPORATE BOULEVARD NORFOLK VA 23502 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEXIER, LENARD J M.D. 240 CORPORATE BLVD. NORFOLK PA 23502 <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas E. ORAM 240 Corporate Blvd. NORFOLK, Virginia 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Rebecca H. White 240 Corporate Blvd. NORFOLK, Virginia 23502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gloria J. Nuss 240 Corporate Blvd. Norfolk, Virginia
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Rebecca H White 3/1/00 757-459-5200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)