

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002932

FILED
Apr 26, 2006
Secretary of State

Entity Name: ROYAL PALMS BEHAVIORAL CENTERS, CORPORATION

Current Principal Place of Business:

15205 HARBOUR ISLE DR
FT MYERS, FL 33919

New Principal Place of Business:

Current Mailing Address:

15205 HARBOUR ISLE DR
FT MYERS, FL 33919

New Mailing Address:

FEI Number: 65-1096362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNOLD STINNETT AND KOBER, L.L.L.P.
15205 HARBOR ISLE
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FINNELL, DOROTHY
Address: 14121 BRANT POINT CIR #144
City-St-Zip: FT MYERS, FL 33919

Title: V () Delete
Name: O'REILLY, MARIANN
Address: 1409 SE 46TH LN #203
City-St-Zip: CAPE CORAL, FL 33904

Title: ST () Delete
Name: STRIKE, MIDGE
Address: 1905 WINKLER AVE #2
City-St-Zip: FT MYERS, FL 33901

Title: DIR () Delete
Name: O'REILLY, MARIANN
Address: 1409 SE 46TH LN #203
City-St-Zip: FORT MYERS, FL 33904 US

Title: DIR () Delete
Name: STRIKE, MIDGE
Address: 1905 WINKLER AVE #2
City-St-Zip: FORT MYERS, FL 33901 US

Title: DIR () Delete
Name: FINNELL, DOROTHY
Address: 14121 BRANT POINT CIR. #144
City-St-Zip: FORT MYERS, FL 33919 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOROTHY FINNELL

PRES

04/26/2006

Electronic Signature of Signing Officer or Director

Date