

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 26, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N01000003948

1. Entity Name  
STAR BEHAVIORAL HEALTH SERVICES, INC.



Principal Place of Business  
711 BALLARD ST.  
ALTAMONTE SPRINGS, FL 32701

Mailing Address  
711 BALLARD ST.  
ALTAMONTE SPRINGS, FL 32701



04142004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
59-3739094

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

SMITH, DEBORAH J  
711 BALLARD ST.  
ALTAMONTE SPRINGS, FL 32701

**DO NOT WRITE  
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 re-stating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

U00000132845  
04/27/04-80064-003 61.25

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME SMITH, DEBORAH J  
STREET ADDRESS 711 BALLARD ST.  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D  
NAME TITUS, SHARON K  
STREET ADDRESS 711 BALLARD STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D  
NAME FORD, JOHN F  
STREET ADDRESS 711 BALLARD STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE D  
NAME SMITH, DEBORAH J  
STREET ADDRESS 711 BALLARD STREET  
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32701

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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 617, 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 empowered.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-04 407.339-7451  
Date Daytime Phone #