2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 11, 2002 8:00 AM
Secretary of State

DOCUMENT# N01000005835

Entity Name: COASTAL RENAISSANCE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

3830 BEE RIDGE ROAD
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

3830 BEE RIDGE ROAD
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1130528 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CAUFFIELD, CHRISTINE
3830 BEE RIDGE ROAD
SARASOTA, FL 34233

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: D ( ) Delete
Name: RADCLIFFE, JOANNE
Address: 3830 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: SD ( ) Delete
Name: ELLER, HEATHER
Address: 1401 16TH STREET
City-St-Zip: SARASOTA, FL 34233

Title: D ( ) Delete
Name: THOMPSON, JERRY DR.
Address: 3830 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

Title: CEOD ( ) Delete
Name: ELLER, J. SCOTT
Address: 1401 16TH STREET
City-St-Zip: SARASOTA, FL 34233

Title: PD ( ) Delete
Name: CAUFFIELD, CHRISTINE DR.
Address: 3830 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: RADCLIFFE, JOANNE M
Address: 3830 BEE RIDGE ROAD
City-St-Zip: SARASOTA, FL 34233

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

Title: ( ) Change ( ) Addition
Name:
Address:
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 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 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: JOANNE M. RADCLIFFE D 01/11/2002

Electronic Signature of Signing Officer or Director — Date