

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000304

FILED  
May 05, 2009  
Secretary of State

**Entity Name:** MARLYN BEHAVIORAL HEALTH SYSTEMS, INC.

**Current Principal Place of Business:**

1823 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Principal Place of Business:**

**Current Mailing Address:**

1823 UNIVERSITY BLVD. SOUTH  
JACKSONVILLE, FL 32216

**New Mailing Address:**

**FEI Number:** 20-4426753      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BIVENS, BURNEY  
1543 KINGSLEY AVENUE  
ORANGE PARK, FL 32073      US

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: ULERIE, MARK  
Address: 13079 HARBORTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

Title: D      ( ) Delete  
Name: ULERIE, JEROLYNN  
Address: 13079 HARBORTON DRIVE  
City-St-Zip: JACKSONVILLE, FL 32244

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: MARK ULERIE

D

05/05/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date