

# **2013 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N06000000304

**FILED**  
**Oct 09, 2013**  
**Secretary of State**

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

**Current Principal Place of Business:**

11265 ALUMNI WAY  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

11265 ALUMNI WAY  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 20-4426753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BIVENS, BURNEY  
1543 KINGSLEY AVENUE  
ORANGE PARK, FL 32073 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:** BURNEY BIVENS

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** ULERIE, MARK  
**Address:** 13079 HARBORTON DRIVE  
**City-St-Zip:** JACKSONVILLE, FL 32244

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

I hereby 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 all other like empowered.

**SIGNATURE:** MARK ULERIE

PD

10/09/2013

Electronic Signature of Signing Officer or Director

Date