

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N49538 (4)**

**NORTHWEST MENTAL HEALTH SERVICES, INC. AMEND 1-8-96**  
**NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.**



Principal Place of Business: **2392 N. EDGEWOOD AVENUE JACKSONVILLE FL 32254 US**  
Mailing Address: **P. O. BOX 9373 JACKSONVILLE FL 32208 US**

3. Date incorporated or Qualified: **06/24/1992**  
3a. Date of Last Report: **04/26/1995**  
4. FEI Number: **59-3128476**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

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

**EŞTELL, REGINALD J  
816 BROAD STREET  
JACKSONVILLE FL 32202**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETED checkbox. Includes entries for COBB, JERRY; STEWART, WASHINGTON; MAGADALENE, HOPES; CROCKER, ROBERT T (BOB).

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and checkboxes for Change and Addition. Includes entry for COBB, G. B. (Jerry) and a signature block with date 4/17/96 and phone number (904) 781-7797.

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**G. B. COBB Board President**

**4/17/96 (904) 781-7797**

Date: Daytime Phone #

CR2E037 (12/95)