

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N49538 (4)
1. Corporation Name
NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.



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| Principal Place of Business 2392 N. EDGEWOOD AVENUE JACKSONVILLE FL 32254 US | Mailing Address P. O. BOX 8373 JACKSONVILLE FL 32208-0373 US |
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|--|-------------------------|---|--|
| 3. Date Incorporated or Qualified 06/24/1992 | | 3a. Date of Last Report 04/25/1996 | |
| 2. Principal Piece of Business | 2a. Mailing Address | 4. FEI Number 59-3128476 | Applied For Not Applicable |
| 21. Suite, Apt. #, etc. | 26. Suite, Apt. #, etc. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fees Required |
| 22. City & State | 27. City & State | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 24. Country | 29. Country | 30. Country | |

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|--|--|--|--|--|-----------|--------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| ESTELL, REGINALD J 816 BROAD STREET JACKSONVILLE FL 32202 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | FL | 85. Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|---|---|
| TITLE | PV | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | COBB, G.B. (JERRY) | 1.2 NAME | |
| STREET ADDRESS | 8505 OAKLEAF ROAD | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STEWART, WASHINGTON | 2.2 NAME | |
| STREET ADDRESS | 5711 MARLIN CT. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MAGADALENE, HOPES | 3.2 NAME | |
| STREET ADDRESS | 1664 MCMILLIAN STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | 3.4 CITY-ST-ZIP | |
| TITLE | TD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CROCKER, ROBERT T (BOB) | 4.2 NAME | |
| STREET ADDRESS | 2510 OAK STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | JACKSONVILLE FL | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do 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 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.

CR2E037 (9/96)