

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90475 027 ****70.00

DOCUMENT # N49538

1. Entity Name

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3128476

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ESTELL, REGINALD J
816 BROAD STREET
JACKSONVILLE FL 32202

7. Name and Address of New Registered Agent

Name **Estell Reginald J.**
 Street Address (P.O. Box Numbers Not Acceptable) **505 N. Liberty Street**
Jacksonville FL
 City **Jacksonville** State **FL** Zip Code **32202**

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PV** Delete
 NAME **WASHINGTON, STEWARD**
 STREET ADDRESS **5711 MARLIN CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **VD** Delete
 NAME **CROCKER, ROBERT T (BOB)**
 STREET ADDRESS **6438 WALTHO DRIVE**
 CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **SD** Delete
 NAME **MAGADALENE, HOPES**
 STREET ADDRESS **1664 MCMILLIAN STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **TD** Delete
 NAME **WALKER, CLARENCE**
 STREET ADDRESS **1000 BROWARD ROAD, #1604**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Signature of Reginald J. Estell
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01
 DATE

(904) 798-4780
 DAYTIME PHONE #

CR2E037 (10/00)