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CORPORATION ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -8 PM 3:15

DOCUMENT # N93000004244 (0)

1. Corporation Name
ASSOCIATES IN BEHAVORIAL HEALTH CARE, INC.

Principal Place of Business	Mailing Address
2789 ORTIZ AVE SE FT MYERS FL 33905-7806	2789 ORTIZ AVE SE FT MYERS FL 33905-7806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 04/29/1994
4. FEI Number: ✓ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

HILLMYER, BARRY R
1540 BROADWAY
FT MYERS FL 33901

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	COOPER, RUTH	1.2 NAME	GENE DOLD	
STREET ADDRESS	2789 ORTIZ AVE SE	1.3 STREET ADDRESS	2789 ORTIZ AVE SE	
CITY-ST-ZIP	FT MYERS FL 33905-7806	1.4 CITY-ST-ZIP	FT. MYERS, FL. 33905-7806	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, BYRON	2.2 NAME		
STREET ADDRESS	80 EUCLID PL	2.3 STREET ADDRESS		
CITY-ST-ZIP	LABELLE FL 33935	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	V	☒ Change ☐ Addition
NAME	LEWIS, KEVIN	3.2 NAME	LEWIS KEVIN	
STREET ADDRESS	2101 MCGREGOR BLVD	3.3 STREET ADDRESS	2101 MC GREGOR BLVD.	
CITY-ST-ZIP	FT MYERS FL 33901-3411	3.4 CITY-ST-ZIP	FT. MYERS, FL. 33901-3411	
TITLE	D	4.1 TITLE	S	☒ Change ☐ Addition
NAME	BIRCH, LARRY A	4.2 NAME	BIRCH LARRY A	
STREET ADDRESS	1726 18TH ST	4.3 STREET ADDRESS	1726 18TH ST.	
CITY-ST-ZIP	SARASOTA FL 34234	4.4 CITY-ST-ZIP	SARASOTA, FL. 34234	
TITLE	D	5.1 TITLE	T	☒ Change ☐ Addition
NAME	ROSS, GERALD N	5.2 NAME	GERALD N. ROSS Ed.D	
STREET ADDRESS	1700 EDUCATION AVE	5.3 STREET ADDRESS	1700 EDUCATION AVE.	
CITY-ST-ZIP	PUNTA GORDA FL 33950	5.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33950	
TITLE		6.1 TITLE	P	☐ Change ☒ Addition
NAME		6.2 NAME	SLIPPER JAMES	
STREET ADDRESS		6.3 STREET ADDRESS	3830 BEE RIDGE ROAD	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	SARASOTA, FL. 34233	

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)(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.

SIGNATURE: Gerald N. Ross Ed.D. Treasurer 3/2/95 (813)639-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #
GERALD N. ROSS Ed.D.

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