

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 # N93000004244 (0)

1. Corporation Name

ASSOCIATES IN BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business

2789 ORTIZ AVE SE
FT MYERS FL 33905-7806

Mailing Address

2789 ORTIZ AVE SE
FT MYERS FL 33905-7806



3. Date Incorporated or Qualified
09/14/1993

3a. Date of Last Report
03/08/1995

X2. Principal Place of Business

21 6075 Golden Gate Pkwy

Suite, Apt. #, etc.

22

City & State

23 Naples, Florida

Zip

24 33999

Country

25 USA

X2a. Mailing Address

26 6075 Golden Gate Pkwy

Suite, Apt. #, etc.

27

City & State

28 Naples, Florida

Zip

29 33999

Country

30 USA

4. FEI Number

APPLIED FOR 65-0567633

Applied For

Not Applicable

X5. 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

9. Name and Address of Current Registered Agent

HILLMYER, BARRY R
1540 BROADWAY
FT MYERS FL 33901

X10. 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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME DOLD, GENE
STREET ADDRESS 2789 ORTIZ AVE SE
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE

NAME SMITH, BYRON
STREET ADDRESS 80 EUCLID PL
CITY-ST-ZIP LABELLE FL 33935

TITLE V ☐ DELETE

NAME LEWIS, KEVIN
STREET ADDRESS 2101 MCGREGOR BLVD
CITY-ST-ZIP FT MYERS FL

TITLE S ☐ DELETE

NAME BIRCH, LARRY A
STREET ADDRESS 1726 18TH ST
CITY-ST-ZIP SARASOTA FL

TITLE Y ☐ DELETE

NAME ROSS, GERALD N
STREET ADDRESS 1700 EDUCATION AVE
CITY-ST-ZIP PUNTA GORDA FL

TITLE P ☐ DELETE

NAME SLEEPER, JAMES
STREET ADDRESS 3830 BEERIDGE ROAD
CITY-ST-ZIP SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME DAVID Schimmel
1.3 STREET ADDRESS 6075 Golden Gate Parkway
1.4 CITY-ST-ZIP Naples, Florida 33999

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE S ☒ Change ☐ Addition

4.2 NAME Birch, Larry A.
4.3 STREET ADDRESS 2800 Bahia Vista St # 200
4.4 CITY-ST-ZIP Sarasota, FL 34239

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Larry A. Birch, Sec.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 943-366-5333
Date Daytime Phone #

CR2E037 (12/95)