

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 25 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Moorthy  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N93000004244 (0)

1. Corporation Name

ASSOCIATES IN BEHAVIORAL HEALTH CARE, INC.

Principal Place of Business

6075 GOLDEN GATE PARKWAY  
NAPLES FL 33999  
US

Mailing Address

6075 GOLDEN GATE PARKWAY  
NAPLES FL 34116-7454  
US3. Date Incorporated or Qualified  
09/14/19933a. Date of Last Report  
02/09/19964. FEI Number  
65-0567633Applied For  
Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

X

Yes □ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

9. Name and Address of Current Registered Agent

HILMYER, BARRY R  
1540 BROADWAY  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Lacey A. Birch  
82 Street Address (P.O. Box Number is Not Acceptable)  
2800 Bahia Vista Street #200  
83  
84 City Sarasota FL 85 Zip Code 34239

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	2800 BAHIA VISTA ST 200	
CITY - ST - ZIP	SARASOTA FL	
TITLE	T	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	V	Change	Addition
1.2 NAME	Dold, Gene		
1.3 STREET ADDRESS	2789 Ortiz Ave SE		
1.4 CITY - ST - ZIP	Ft. Myers, Florida		
2.1 TITLE	D	Change	Addition
2.2 NAME	Jones, Bruce		
2.3 STREET ADDRESS	80 Euclid Place		
2.4 CITY - ST - ZIP	Labelle, Florida		
3.1 TITLE	P	Change	Addition
3.2 NAME	Lewis, Kevin		
3.3 STREET ADDRESS	2101 McGregor Blvd.		
3.4 CITY - ST - ZIP	Ft. Myers, Florida		
4.1 TITLE	D	Change	Addition
4.2 NAME	Schimmel, David		
4.3 STREET ADDRESS	6075 Golden Gate Parkway		
4.4 CITY - ST - ZIP	Naples, Florida 33999		
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE	D	Change	Addition
6.2 NAME	Sleeper, James		
6.3 STREET ADDRESS	3830 Beeridge Road		
6.4 CITY - ST - ZIP	Sarasota, Florida		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(f), 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: Lacey A. Birch, Secretary BOD

1/28/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0060180

CR2E037 (9/96)