

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 05 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004244 (0)**

1. Corporation Name

**ASSOCIATES IN BEHAVIORAL HEALTH CARE, INC.**



Principal Place of Business <b>6075 GOLDEN GATE PARKWAY NAPLES FL 33999 US</b>	Mailing Address <b>6075 GOLDEN GATE PARKWAY NAPLES FL 33999 US</b>
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3. Date Incorporated or Qualified

**09/14/1993**

4. FEI Number

**65-0567633**

Applied For

Not Applicable

2. Principal Place of Business <b>21 27725 Old 41 Rd</b> Suite, Apt. #, etc. <b>22 Suite 206</b> City & State <b>23 Bonita Springs FL</b> Zip <b>24 34135</b> Country <b>25 USA</b>	2a. Mailing Address <b>26 27725 Old 41 Rd</b> Suite, Apt. #, etc. <b>27 Suite 206</b> City & State <b>28 Bonita Springs FL</b> Zip <b>29 34135</b> Country <b>30 USA</b>
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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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**BIRCH, LARRY A.  
2800 BAHIA VISTA ST.  
#200  
SARASOTA FL 34239**

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 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DOLD, GENE</b>	1.2 NAME	
STREET ADDRESS	<b>2789 ORTIZ AVE SE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SMITH, BYRON</b>	2.2 NAME	<b>Schimmel, David</b>
STREET ADDRESS	<b>80 EUCLID PL</b>	2.3 STREET ADDRESS	<b>6075 Golden Gate Pkwy</b>
CITY-ST-ZIP	<b>LABELLE FL</b>	2.4 CITY-ST-ZIP	<b>Naples FL 34116</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, KEVIN</b>	3.2 NAME	<b>Jane, Bruce</b>
STREET ADDRESS	<b>2101 MCGREGOR BLVD</b>	3.3 STREET ADDRESS	<b>601 W Alzadez Ave</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	3.4 CITY-ST-ZIP	<b>Clewiston FL 33440</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BIRCH, LARRY A</b>	4.2 NAME	
STREET ADDRESS	<b>2800 BAHIA VISTA ST 200</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSS, GERALD N</b>	5.2 NAME	
STREET ADDRESS	<b>1700 EDUCATION AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PUNTA GORDA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEEPER, JAMES</b>	6.2 NAME	
STREET ADDRESS	<b>3830 BEERIDGE ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	6.4 CITY-ST-ZIP	

14. 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 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:

**Gene R. Dold Treasurer 2-21-98 941-275-3222**

CR2E037 (10/97)