

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 18, 1999 8:00 am**  
**Secretary of State**

02-18-1999 90133 036 \*\*\*\*70.00

**DOCUMENT # N93000004244**

1. Corporation Name

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

Principal Place of Business

27725 OLD 41 RD  
STE 206  
BONITA SPRINGS, FL 34135  
US

Mailing Address

27725 OLD 41 RD  
STE 206  
BONITA SPRINGS, FL 34135  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

**09/14/1993**

4. FEI Number

**65-0567633**

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

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

V ☐ DELETE

NAME **S**  
**SCHIMMEL, DAVID**  
STREET ADDRESS **6075 GOLDEN GATE PKWY**  
CITY-ST-ZIP **NAPLES FL 34116**

P ☐ DELETE

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

S ☐ DELETE

NAME **B**  
**BIRCH, LARRY A**  
STREET ADDRESS **2800 BAHIA VISTA ST 200**  
CITY-ST-ZIP **SARASOTA FL**

D ☐ DELETE

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

D ☐ DELETE

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)