NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 06, 1999 8:00 am § Secretary of State

04-06-1999 90079 001 ****61.25

DOCUMENT # N9400000799

1. Corporation Name

BIO-BEHAVIORAL INSTITUTE, INC.

										-
Principal Place of Business Mailing Address						7				
8130 BAYMEADOWS RD 8130 BAYMEADOWS RD						I (BOINE) BIO IOSII BIOSI BOIS BOIS	ı Teini Bêlli Jel	AL ETALL (1801) (81	 	
SUITE 308			ITE 308							
JACKSONVILLE FL 32256 JACKSONVILLE FL 32256						4 INDITES DID IDISTREDI DOLLA DOLLA	1 00111 00111 301		11 0 1811 1881	
						1				
	_									
2. Principal P	Place of Business	2a.	Mailing Address			3. Date Incorporated or Qualifed				1
21		26				02/14/1994				l i
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			4. FEI Number			plied For]
			7			59-3226709	. 5		t Applicable	
City & State			City & State			5. Certificate of Status Desired		\$8.75 A		1
23		28				35111000 01 010100 2 001100		Fee Rec	quired	
Zip	Country	<u> </u>	Zip Country			6. Election Campaign Financing		\$5.00 (•	ĺ
24	25 29		30		Trust Fund Contribution		Added to	> Fees	1	
9. Name and Address of Current Registered Agent						10. Name and Address of New F	Registered /	Agent		ł
				81	Name					
KOEGLER, STEVEN C					Street Add	dress (P.O. Box Number is Not Accepta	able)			1.
217 PONTE VEDRA PARK DR										
	EDRA BEACH FL 32082			83						
	,			84	City			85 Zip C	Code	1
					,		, FL	1		
11. Pursuant	to the provisions of Sections 617,050	2 and 6	17.1508, Florida Statutes,	the abov	e-named col	poration submits this statement for the	purpose of	changing its	registered	
office or t	registered agent, or both, in the State am familiar with, and accept the obliga	of Florid tions of.	 Such change was autr Section 617.0503. Florida 	iorized by a Statutes	r une corpora: 3.	tion's board of directors. I hereby accep	и ине аррон	miletit as red	hareren	
SIGNATURE										1
SIGNATURE	Signature, typed or printed name of registered age	nt and title i	f applicable. (NOTE: Re	gistered Age	nt signature requi	red when reinstating)	DATE			وَ ا
12.	OFFICERS AN	ID DIRE	· · · · · · · · · · · · · · · · · · ·	13.		ADDITIONS/CHANGES TO OF	FICERS AN			}
TITLE	PD		☐ DELETE	1.1 TITLE				Change	☐ Addition	1
NAME	Grenadier, ann		;	1.2 NAME						1 6
STREET ADDRESS	REET ADDRESS 8130 BAYMEADOWS RD SUITE 308				TADDRESS					ן נ
CITY-ST-ZIP	JACKSONVILLE FL 32256		,	1.4 CITY-5	ST-ZIP) }
TITLE	SD		☐ DELETE	2.1 TITLE				Change	Addition Addition	١
NAME	KOEGLER, STEVEN C		· ·	2.2 NAME						ı
STREET ADDRESS		0		2.3 STREE	TADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256	_		2, 4 CITY-1	ST-ZIP					İ
TITLE	TD		DELETE	3.1 TITLE	~	and the second s		Change	- Addition	ļ. - -
NAME	APPLEBY, CHARLES C		•	3.2 NAME						
STREET ADDRESS	LANCE CALLED VINE OF STREET	0		3.3 STREE	TADORESS					
CITY-ST-ZIP	JACKSONVILLE FL 32256	-		3.4. CITY-	ST-ZIP					
TILE	D		☐ DELETE	4.1 TITLE				Change	☐ Addition	
NAME	LAZOFF, STEPHEN G			4.2 NAME						ļ
STREET ADDRESS	2017 ALL 100F DIOK DD				TADDRESS					
ł	JACKSONVILLE FL 32217			4.4 CITY-S						
TITLE	D		☐ DELETE	5.1 TITLE				Change	☐ Addition	1
NAME	WITHERSPOON, ANN		_	5.2 NAME	}					
STREET ADDRESS				5.3 STREE	TADDRESS					
l .	JACKSONVILLE FL 32202		•	5.4 CITY-S	\					
CITY-ST-ZIP	D		☐ DELETE	6.1 TITLE				Change	Addition	1
1	1 -			6.2 NAME				_ •	_	
NAME	HAZOURI, TOMMY	n			TADORESS					
STREET ADDRESS	4655 SALISBURY RD SUITE 30	U		6.4 CITY-S		•				
L CODY OF TO	THE RESERVE OF BUILDING			■ D.4 L./ III - 7	11-CIF					

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:

STANATURE REQUIRED Ann 6 Cenadier 4/1/99
NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Date

904-733-2038 Daytime Phone #