

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000005482 (4)

1. Corporation Name

SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

Principal Place of Business

Mailing Address

5015 4TH STREET NORTH
ST. PETERSBURG FL 33704

5015 4TH STREET NORTH
ST. PETERSBURG FL 33704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

11/04/1994

4. FEI Number

Applied For

59-3280151

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 4908 CRENSHAW DR.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE B

27

City & State

City & State

23 CLEARWATER, FL.

28

Zip

Zip

24 34620

Country

Country

25 PINELANDS

29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GRADY, MICHAEL T
5015 4TH STREET NORTH
ST. PETERSBURG FL 33704

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 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in this 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 607.0505, Florida Statutes.

SIGNATURE

[Signature]

MICHAEL T. GRADY

4/19/95

(Signature must be printed name of registered agent and title if applicable)

(If Not Registered Agent, Signature Required when Incorporated)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	GRADY, MICHAEL T
STREET ADDRESS	5015 4TH STREET NORTH
CITY, ST, ZIP	ST. PETERSBURG FL 33704
TITLE	D
NAME	GENTZEL, GRAYSON
STREET ADDRESS	5015 4TH STREET NORTH
CITY, ST, ZIP	ST. PETERSBURG FL 33704
TITLE	D
NAME	HEIDT, JENNIFER
STREET ADDRESS	5015 4TH STREET NORTH
CITY, ST, ZIP	ST. PETERSBURG FL 33704
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(g), 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:

[Signature]

MICHAEL T. GRADY, Pres.

4/3/95

593-9997

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR