

FILE NOW: FILING FEE IS \$61.25

FILED

May 27 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N94000005482 (4)**

1. Corporation Name

SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.



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|---|---|
| Principal Place of Business 4908 CREEKSIDE DRIVE SUITE B CLEARWATER FL 34620 US | Mailing Address 4910 K CREEKSIDE DRIVE CLEARWATER FL 34620 US |
|---|---|

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|--|
| 3. Date Incorporated or Qualified 11/04/1994 |
| 4. FEI Number 59-3280151 |
| Applied For <input type="checkbox"/> Not Applicable |

| | |
|--|---|
| 2. Principal Place of Business 21 7207 A 114th Av. | 2a. Mailing Address 28 7207 A 114th Av. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State 23 LARGO, FL | City & State 28 LARGO, FL |
| Zip 24 33773 | Zip 29 33773 |
| Country 25 USA | Country 30 USA |

| |
|---|
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

| | |
|--|--|
| 9. Name and Address of Current Registered Agent GRADY, MICHAEL T 5015 4TH STREET NORTH ST. PETERSBURG FL 33704 | |
|--|--|

| | |
|--|--------------------------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name MICHAEL T. GRADY | |
| 82 Street Address (P.O. Box Number is Not Acceptable) 1941 GLEN LAKES CIR. NO. | |
| 83 | |
| 84 City ST. PETERSBURG | 85 Zip Code FL 33702 |

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]* **MICHAEL T. GRADY** **4/23/98**
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 | <input type="checkbox"/> DELETE |
| NAME | D GRADY, MICHAEL T |
| STREET ADDRESS | 5015 4TH STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D GENTZEL, GRAYSON |
| STREET ADDRESS | 5015 4TH STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 |
| TITLE | <input checked="" type="checkbox"/> DELETE |
| NAME | D HEIDT, JENNIFER |
| STREET ADDRESS | 5015 4TH STREET NORTH |
| CITY-ST-ZIP | ST. PETERSBURG FL 33704 |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | DIRECTOR/PRES/SECY. |
| 1.3 STREET ADDRESS | MICHAEL T. GRADY |
| 1.4 CITY-ST-ZIP | 1941 GLEN LAKES CIR NO |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | DIRECTOR |
| 2.3 STREET ADDRESS | FELICIA CARROLL |
| 2.4 CITY-ST-ZIP | 102 OGLETHORPE DR. |
| 3.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | DIRECTOR |
| 3.3 STREET ADDRESS | TONIA FAUBROUGH |
| 3.4 CITY-ST-ZIP | 465 WINNLOW |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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.

SIGNATURE *[Signature]* **MICHAEL T. GRADY** **4/23/98** **(813) 547-5423**

CR2E037 (10/97)