

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N94000005482

1. Entity Name

SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90156 001 \*\*\*\*70.00

Principal Place of Business

Mailing Address

2349 CENTRAL AVE., SUITE 222  
SAINT PETERSBURG FL 33713  
US

2349 CENTRAL AVE., SUITE 222  
SAINT PETERSBURG FL 33713  
US

B0067244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3530 OAK ST. NE

3530 OAK ST. N.E.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETERSBURG, FL

City & State

ST. PETERSBURG, FL

Zip

33704

Country

USA

Zip

33704

Country

USA

4. FEI Number

59-3280151

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRADY, MICHAEL T  
2349 CENTRAL AVE.  
SAINT PETERSBURG FL 33713

Name

THADDEUS FREEMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

8150 CYPRESS GARDEN COURT

City

ST. PETERSBURG

FL

Zip Code

33777

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*[Signature of Michael T. Grady]*

MICHAEL T. GRADY

3/31/02

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
GRADY, MICHAEL T  
1941 GLEN LAKES CIRCLE NORTH  
ST PETERSBURG FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRADY, THERESA M  
1941 GLEN LAKES CIR N.  
ST. PETERSBURG FL 33702 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GRADY, SHANNON Q  
465 WINN WAY, SUITE 140  
DECATUR GA 30030 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SHANNON G. KOCH  
2466 No. DECATUR Rd.  
DECATUR, GA 30033 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

*[Signature of Michael T. Grady]*

MICHAEL T. GRADY

3/31/02

(727) 502-9840

CR2E037 (9/01)