2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2004
Secretary of State

DOCUMENT# N94000005482

Entity Name: SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

3530 OAK ST N
SAINT PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

3530 OAK ST N
SAINT PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 59-3280151 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREEMAN, THADDEUS
8150 CYPRESS GARDEN CT.
ST PETERSBURG, FL 33777 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: GRADY, MICHAEL T
Address: 1941 GLEN LAKES CIRCLE NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: D ( ) Delete
Name: GRADY, THERESA M
Address: 1941 GLEN LAKES CIR N.
City-St-Zip: ST. PETERSBURG, FL 33702

Title: D ( ) Delete
Name: KOCH, SHANNON G
Address: 2469 N DECATTUR RD
City-St-Zip: DECATUR, GA 30033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change ( ) Addition
Name: GRADY, MICHAEL T
Address: 1941 GLEN LAKES CIRCLE NORTH
City-St-Zip: ST PETERSBURG, FL 33702

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: KOCH, SHANNON G
Address: 2469 N DECATUR RD.
City-St-Zip: DECATUR, GA 30033

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T. GRADY PRES 04/20/2004

Electronic Signature of Signing Officer or Director — Date