2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 28, 2000 08:00 AM DOCUMENT # N9500003499 1. Entity Name **Secretary of State** BAYMED MENTAL HEALTH SERVICES, INC. Principal Place of Business Mailing Address 615 N BONITA AVE 615 N BONITA AVE PANAMA CITY PANAMA CITY FL FL 32401 32401 2. Principal Place of Business 3. Mailing Address P O BOX 59515 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For PANAMA CITY FL 59-3331364 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П 324120515 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLFF 615 N BONITA AVE Street Address (P.O. Box Number is Not Acceptable) PANAMA CITY \mathbf{FL} 32401 Zip Code 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 RONALD V. WOLFF 04/28/2000 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delate TITLE CEO X Addition NAME NAME WOLFF RONALD STREET ADDRESS STPEET ADDRESS 615 N BONITA AVENUE CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL32401 TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME TABBAA MUTAZ STREET ADDRESS 2011 HARRISON AVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY 32405 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME COX STEVE STREET ADDRESS 734 JENKS AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SHEFFIELD SHARON STREET ADDRESS 1508 WISCONSIN AVENUE STREET ADDRESS CITY-ST-ZIF LYNN HAVEN 32444 CITY-ST-ZIP TITLE VCD ☐ Delete TITLE Change ☐ Addition NAME COOLEY TOMMY M NAR/F STREET ADDRESS P.O. BOX 2222 N/A STREET ADDRESS CITY-ST-ZIP PANAMA CITY CITY-ST-ZIP FL. TITLE CD ☐ Delete TITLE Change | ☐ Addition NAME BURCH HATTIE STREET ADDRESS P.O. DRAWER 820 N/A STREET ADDRESS CITY-ST-ZIP PANAMA CITY CITY-ST-ZIP

^{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.