FILE NOW: FILING FEE IS \$61.25

Apr 22 1998 8:00am NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 **DOCUMENT** # N96000002421 (3) BEHAVIORAL HEALTH PROVIDERS, INC. Principal Place of Business Mailing Address 613 ST. JOHNS AVENUE P.O. BOX 2611 3. Date Incorporated or Qualified PALATKA FL 32177 PALATKA FL 32178 04/30/1996 4. FEI Number Applied For 59-3381555 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. 6. Election Campaign Financing \$5.00 May Be 22 Trust Fund Contribution Added to Fees 27 City & State City & State 7. Is this nonprofit corporation a homeowners association? Yes No 23 26 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. 29 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ALLEN, JACK W 82 Street Address (P.O. Box Number is Not Acceptable) 613 ST. JOHNS AVENUE 83 PALATKA FL 32177 Zip Code 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, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature require DATE 7 4000 IONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Pearl Eup Change Addition TITLE 613 St. Johns Ace NAME ALLEN, JACK W 1.2 NAME CR2E037 613 ST. JOHNS AVENUE STREET ADDRESS 1.3 STREET ADDRESS Palatka. 72 32177 PALATKA FL 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition TITLE 21 TITLE Albert Aruda BOHANAN, JANICE L 2.2 NAME NAME 613 St. Johns A 613 ST. JOHNS AVENUE 2.3 STREET ADDRESS STREET ADDRESS PALATKA FL Palathan. 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 3.1 TITLE Change TITLE ALLEN, ROBERT F 3.2 NAME NAME 613 ST. JOHNS AVENUE 3 3 STREET ADDRESS STREET ADDRESS PALATKA FL CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

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 suppliemental 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 of 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 often a dachmont with an address.

SIGNATURE:

☐ DELETE

141pu18.

904-328-6680

Change

Addition

FILED