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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001233

1. Corporation Name

FIRST COAST BEHAVIORAL HEALTHCARE NETWORK, INC.

Principal Place of Business
**1639 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207**

Mailing Address
**1639 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207**



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/05/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**MCCULLOCH, RICHARD J
1639 ATLANTIC BOULEVARD
JACKSONVILLE FL 32207**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

(NOTE: Registered Agent signature required when reinstating)

DATE

[Signature]
2/22/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input type="checkbox"/> DELETE	1.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAFFNEY, REGGIE	1.2 NAME	Richard Warrfel
STREET ADDRESS	7240 LEM TURNER RD	1.3 STREET ADDRESS	660 Park Street
CITY-ST-ZIP	JACKSONVILLE FL 32208	1.4 CITY-ST-ZIP	Jacksonville, Fla 32204
TITLE	DP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOCK, RICHARD	2.2 NAME	Philip Diaz
STREET ADDRESS	1639 ATLANTIC BLVD	2.3 STREET ADDRESS	555 Stockton Street
CITY-ST-ZIP	JACKSONVILLE FL 32207	2.4 CITY-ST-ZIP	Jacksonville, Fla 32204
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MINGE, JACK	3.2 NAME	Patricia Sampson
STREET ADDRESS	5776 ST AUGUSTINE RD	3.3 STREET ADDRESS	2392 N Edgewood Ave
CITY-ST-ZIP	JACKSONVILLE FL 32207	3.4 CITY-ST-ZIP	Jacksonville, Fla 32254
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCULLOCH, RICHARD J	4.2 NAME	Rachel Sutton
STREET ADDRESS	1639 ATLANTIC BOULEVARD	4.3 STREET ADDRESS	1894 South 14th St, Suite 312
CITY-ST-ZIP	JACKSONVILLE FL 32207	4.4 CITY-ST-ZIP	Fernandina Beach, Fla 32034
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORROK, VIRGINIA	5.2 NAME	
STREET ADDRESS	555 STOCKTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32204	5.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, LAURIE	6.2 NAME	
STREET ADDRESS	3292 CR 220	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLEBURG FL 32068	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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: **2/22/99** Daytime Phone #: **904.396.4846**

CR2E037 (11/98)