

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003720

FILED  
Apr 25, 2007  
Secretary of State

Entity Name: FIRST STEP ADOLESCENT SERVICES, INC.

## Current Principal Place of Business:

POST OFFICE BOX 622241  
OVIEDO, FL 327622241

## New Principal Place of Business:

125 EXCELSIOR PARKWAY  
SUITE 205  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

POST OFFICE BOX 622241  
OVIEDO, FL 327622241

## New Mailing Address:

FEI Number: 59-3520393      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOORE, MICHAEL L ESQ  
5458 HOFFNER AVENUE  
SUITE 303  
ORLANDO, FL 32812 US

## Name and Address of New Registered Agent:

SMITH, DAVID L  
125 EXCELSIOR PARKWAY  
SUITE 205  
WINTER SPRINGS, FL 32708 US

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: DAVID L. SMITH

04/25/2007

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, CHERYL A  
Address: 803 MILLS ESTATE PL  
City-St-Zip: CHULUOTA, FL 32766

Title: D ( ) Delete  
Name: BASS, DOTTIE  
Address: 1101 HORNBAKE LIBRARY  
City-St-Zip: COLLEGE PARK, MD 20742

Title: D ( ) Delete  
Name: FERRER, JOE  
Address: 610 CRESCENT EXECUTIVE RD, STE 112  
City-St-Zip: LAKE MARY, FL 32746

Title: D ( ) Delete  
Name: GUZMAN, MOISES  
Address: 936 S LK DESTINY RD  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: SD ( ) Delete  
Name: HOLMES, VIVIENNE  
Address: 120 ALEXANDRIA BLVD  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHERYL A. SMITH

CEO

04/25/2007

Electronic Signature of Signing Officer or Director

Date