

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000006736

1. Corporation Name

THE CENTER FOR DISCOVERY SOUTH, INC.

Principal Place of Business 2922 CARDINAL DR. VERO BEACH FL 32963

2. Principal Place of Business

Mailing Address

2922 CARDINAL DR. VERO BEACH FL 32963

2a. Mailing Address

26

FILED Jun 01, 1999 8:00 am § Secretary of State

06-01-1999 90015 025 ****61.25



3. Date Incorporated or Qualifed

11/23/1998

Suite, Apt.	# etc		Suite, Apt. #, etc.				4. FEI Number	-	App	lied For	
22	#, 6 (6.	27	Colle, Apr. W. Ole.				59-3562 96	2		Applicable	
City & Stat	e		City & State		· · · · · · · · · · · · · · · · · · ·		Certificate of Status Desired		\$8.75 A	dditional	
23		28					5. Certificate of Status Desired		Fee Rec	uired	
Zip	Country	<i></i>	Zip	Country			6. Election Campaign Financing		\$5.00 N	, ,	
24	25	29	30				Trust Fund Contribution		Added to	Fees	
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
					Name					{	
SCHAUB, RICHARD G SR.					Street A	Address	s (P.O. Box Number is Not Accepta	ble)			
2922 CARDINAL DR.											
VERO BEACH FL 32963										İ	
				84	City			E L	85 Zip C	ode	
				1			ties at herita this statement for the	FL	hanging its r	edistered	
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 of 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.											
agent. I am familia with and accept the obligations of, Section 617.0503, Florida Statutes.											
SIGNATURE Signature Typed for printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DATE										\	
12.		FFICERS AND DIRE		13.	it siği istili e re	rquieu m	ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12	
TITLE	_PAES.	T IOERO MAD BIRE	☐ DELETE	1.1 TITLE	$\overline{}$				☐ Change	☐ Addition	
NAME	KICHARD	G. SCHA	UR STE.	1,2 NAME							
STREET ADDRESS	12922	CHROININ	IL DIE	1.3 STREET	ADDRESS						
CITY-ST-ZIP	VER	BEANN	FL 32963	1.4 CITY-S							
TITLE DIA	SATZA	Kur	DELETE	2.1 TITLE	\neg				Change	☐ Addition	
NAME		(INDING)	72 100 Km	2.2 NAME	ļ					\	
STREET ADDRESS		2	702200	2.3 STREET	ADDRESS					1	
CITY-ST-ZIP			H41 32983	2.4 CITY-S	T-ZIP				Channe		
啊, 77.	ANDRE			3.1 TITLE	}				Change	Addition	
NAME	1100 6	WOINGH	WEEKD.	3.2 NAME	Ì						
STREET ADDRESS	1/2000	Bonis	FL 37463.	3.3 STREET							
CITY-ST-ZIP	VEE		DELETE	3.4, CITY-S	T-ZIP				Change	Addition	
TITLE			□ nere ie	4.1 TITLE 4.2 NAME							
NAME				4.2 NAME	r Annoess						
STREET ADDRESS				4.4 CITY-S	- 1						
CITY-ST-ZIP			☐ DELETE	5.1 TITLE	1-ZIP				☐ Change	☐ Addition	
NAME				5.2 NAME						}	
STREET ADDRESS				5.3 STREET	ADDRESS						
CITY-ST-ZIP				5.4 CITY- ST	T-ZIP						
TITLE			☐ DELETE	6.1 TITLE		-			Change	Addition	
NAME			****	6.2 NAME	Ī						
STREET ADDRESS				6.3 STREET	r address						
	1			0.4.0ED/ 0	- mn					1	

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 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 of an attachment with an appliess, with elf-other like empowered.

SIGNATURE:

EGNELECTE REQUIRED

0/3/89 56 1 23 4 3569 Date Dayling Phone #

CR2E037 (11/98)