

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000005746

1. Entity Name

BREVARD BEHAVIORAL HEALTH, INC.

FILED
Feb 20, 2000 8:00 am
Secretary of State

02-20-2000 90039 032 ****61.25

Principal Place of Business 2850 LAKE WASHINGTON RD., SUITE 1 MELBOURNE FL 32935	Mailing Address 2850 LAKE WASHINGTON RD., SUITE 1 MELBOURNE FL 32935-3481
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
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4. FEI Number 59-3613517	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

Zip	Country	Zip	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUNYAN, GARY G
3960 S. BANA RIVER BLVD.
COCOA BEACH FL 32931

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State FL 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	QUIMBY, GERALD R	
STREET ADDRESS	787 THRASHER DR	
CITY-ST-ZIP	VIERA, FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	GORDON, DUDLEY	
STREET ADDRESS	3936 LAKESIDE LANE	
CITY-ST-ZIP	PALM BAY, FL 32909	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JENNIFER QUIMBY	
STREET ADDRESS	787 THRASHER DR	
CITY-ST-ZIP	VIERA FL 32955	
TITLE	D	<input type="checkbox"/> Delete
NAME	SALUCK, KJ	
STREET ADDRESS	2194 S AIA SUITE 103 32937	
CITY-ST-ZIP	INDIAN HARBOR BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: *[Signature]* **GERALD R QUIMBY** 2/11/00 **255-6677**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)