

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # N99000005746****1. Entity Name**
BREVARD BEHAVIORAL HEALTH, INC.

Principal Place of Business 2850 LAKE WASHINGTON RD., SUITE 1 MELBOURNE FL 32935	Mailing Address 2850 LAKE WASHINGTON RD., SUITE 1 MELBOURNE FL 32935
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2. Principal Place of Business 3232 W NEW HAVEN AVE. Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 410063 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State MELBOURNE FL	City & State MELBOURNE FL	4. FEI Number 59-3613517	Applied For Not Applicable
Zip 32904	Country US	Zip 329410063	Country US
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RUNYAN GARY G 3960 S. BANA RIVER BLVD. COCOA BEACH FL 32931 US	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	04/27/2001 DATE
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FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D <input type="checkbox"/> Delete	NAME SALUCK K J	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 2194 S AIA SUITE 103	CITY-ST-ZIP INDIAN HARBOUR BCH FL 32937	STREET ADDRESS	CITY-ST-ZIP
TITLE VSD <input type="checkbox"/> Delete	NAME QUIMBY JENNIFER	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 787 THRASHER DR	CITY-ST-ZIP VIERA FL 32955	STREET ADDRESS	CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME GORDON DUDLEY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 3936 LAKESIDE LN	CITY-ST-ZIP PALM BAY FL 32909	STREET ADDRESS	CITY-ST-ZIP
TITLE DP <input type="checkbox"/> Delete	NAME QUIMBY GERALD R	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS 787 THRASHER DR	CITY-ST-ZIP VIERA FL 32955	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME
STREET ADDRESS	CITY-ST-ZIP	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)(f), 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:** Gerald R. Quimby DP 04/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)