

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90447 004 \*\*\*150.00

DOCUMENT # <u>W07000014330</u> 1. Entity Name <u>PO5000084034</u> <u>TRINITY BEHAVIORAL HEALTH, Inc.</u>
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**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 3400 DUMAINE CT. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33761	Country	Zip	Country

**40090973**

DO NOT WRITE IN THIS SPACE

4. FEI Number 37-1510146		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name  
ROBERT W. YOUNG PHD  
Street Address (P.O. Box Number is Not Acceptable)  
3400 DUMAINE CT.  
City  
CLEARWATER FL Zip Code  
33761

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ROBERT W. YOUNG PHD. 3/13/2007  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

**11.**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT W. YOUNG, PHD. 3400 DUMAINE CT. CLEARWATER, FL. 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT SUSAN A. YOUNG 3400 DUMAINE CT. CLEARWATER, FL. 33761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert W. Young ROBERT W. YOUNG, PHD. PRESIDENT 3/13/2007 727-7729-6469  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #