

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90024 010 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>POS000084034</u>	
1. Entity Name	
TRINITY BEHAVIORAL HEALTH, Inc	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
1022 FINCASTLE CT.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
NEW PORT RICHEY, FL			
Zip	Country	Zip	Country
34655			

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
37-1510146	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	58.75 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	Zip Code
CLEARWATER	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. 3/15/2008
 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 Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	ROBERT W. YOUNG, PHD.
STREET ADDRESS	1022 FINCASTLE CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	VICE PRESIDENT
NAME	SUSAN A. YOUNG
STREET ADDRESS	1022 FINCASTLE CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	
NAME	
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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, PHD. PRESIDENT 3/15/2008 727-7729-6469
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #