


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2004 8:00 am**  
**Secretary of State**

07-19-2004 90015 048 \*\*\*550.00

<b>DOCUMENT # P19441</b>	
1. Entity Name <b>BOWLING GREEN INN OF PENSACOLA, INC.</b>	

Principal Place of Business <b>2068 HEALTHCARE AVE NAVARRE, FL 32566 US</b>	Mailing Address <b>1175 HERNDON PKWY STE 250 HERNDON, VA 20170 US</b>
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**54063653**

2. Principal Place of Business	3. Mailing Address <b>105 N BASCOM AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>SECOND FLOOR, SUITE 202</b>
City & State	City & State <b>SAN JOSE, CA 95128</b>
Zip	Country



07122004 Chg-P CR2E034 (10/03)

4. FEI Number <b>58-1795523</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RHODES, JEROME 1175 HERNDON PKWY STE 250 HERNDON, VA 20170 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JEROME RHODES 608 CHADDS FORD LANE, SUITE 304 CHADDS FORD, PA 19317 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVINE, STEVEN M. 1175 HERNDON PKWY STE 250 HERNDON, VA 20170 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY, TREASURER KEVIN HOGGE 105 N BASCOM AVE, SECOND FLOOR SAN JOSE, CA 95128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	KA DIRECTOR KATHLEEN SYLVIA 105 N BASCOM AVE, SECOND FLOOR SAN JOSE, CA 95128 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*[Signature]* CFO

7/14/04

408-282-2067

Attachment

54063653  
#P19441  
Order Form<sup>nm</sup>

National Data Center for Customer Satisfaction

Prices effective January 1, 2003. Please discard older versions of this order form.

Site # 21057 (We cannot process your order without this number.)

Date: 7/12/04

Item	Price	Quantity	Cost
<b>FORMS:</b>			
Customer Survey Form C (English Version)	.30 per form		
Customer Survey Form C (Spanish Version)	.30 per form		
Customer Survey Form R (English Version)	.30 per form		
Customer Survey Form R (Spanish Version)	.30 per form		
<b>SCANNING AND REPORTS:</b>			
Scanning of forms	.50 per form		
(Data disk provided on request at no charge..... <input type="checkbox"/> please send)			
Standard Data Report WITH Analysis	\$200.00 per report		
Standard Data Report WITHOUT Analysis	\$ 75.00 per report		
Comparative Data Report WITH Analysis	\$250.00 per report		
Comparative Data Report WITHOUT Analysis	\$125.00 per report		
Regular Stats page only	\$ 40.00		
Comparative Stats page only	\$ 70.00		
ORYX Control Charts (What months?)	\$100.00/3 months		
	Total:		\$

***Do not send payment now.***

Shipping and handling fees will be applied at time of billing. All orders should be accompanied by a purchase order number: \_\_\_\_\_. If your organization does not use a purchase order system, please provide your CEO's name in lieu of number \_\_\_\_\_.

Your organization name: \_\_\_\_\_

Address: \_\_\_\_\_

Street Address AND P.O. Box

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mail order form to: National Data Center for Customer Satisfaction, 1876-A Eider Court,  
Tallahassee, Florida 32308 (Telephone: 850/942-4900 FAX: 850/942-0560)

Please indicate shipping preference: ☐ Ground transportation ☐ Expedited:  
Please check one: ☐ Priority Mail ☐ Next Day ☐ Two Day

Form updated 12/02

National Data Center for Customer Satisfaction is a product of Mental Healthcare America, Inc.