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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000046352 (8)

1. Corporation Name
BEHAVIORAL HEALTH PARTNERS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 271510 TAMPA FL 33688	P.O. BOX 271510 TAMPA FL 33688

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/20/1994
3a. Date of Last Report:

2. Principal Place of Business 21 3450 Buschwood Park Dr.	2a. Mailing Address 26 3450 Buschwood Park Dr.	4. FEI Number 59-3256678 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 Suite 245	Suite, Apt. #, etc. 27 Suite 245	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23 Tampa, FL	City & State 28 Tampa, FL	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip / Country 24 33618 / 25 Hillsborough	Zip / Country 29 33618 / 30 Hillsborough	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PINA, OLGA M % FOWLER WHITE GILLEN BOGGS VILLAREAL 501 E. KENNEDY BLVD., STE. 1700 TAMPA FL 33602	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	D ☐ Change ☒ Addition
NAME		12 NAME	Chambers, Frances W., III
STREET ADDRESS		13 STREET ADDRESS	3450 Buschwood Park Dr., Suite 245
CITY-ST-ZIP		14 CITY-ST-ZIP	Tampa, FL 33618
TITLE		21 TITLE	D ☐ Change ☒ Addition
NAME		22 NAME	Marquis, Patricia N.
STREET ADDRESS		23 STREET ADDRESS	3450 Buschwood Park Dr., Suite 245
CITY-ST-ZIP		24 CITY-ST-ZIP	Tampa, FL 33618
TITLE		31 TITLE	Medial Director ☐ Change ☒ Addition
NAME		32 NAME	Klein, Edward, Dr.
STREET ADDRESS		33 STREET ADDRESS	3450 Buschwood Park Dr., Suite 245
CITY-ST-ZIP		34 CITY-ST-ZIP	Tampa, FL 33618
TITLE		41 TITLE	CEO ☐ Change ☒ Addition
NAME		42 NAME	Gohman, John
STREET ADDRESS		43 STREET ADDRESS	3450 Buschwood Park Dr., Suite 245
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, FL 33618
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13M changed or on an attachment with an address.

SIGNATURE: F.W. Chambers President/CEO April 28, 1995 813-933-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

F.W. Chambers

0444955 FP