FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT #

1. Corporation Name

SIGNATURE:

P94000047436 (8)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

YORKSHIRE MENTAL	HEALTH ENTERPRISES.	P.A.
I OHNOHILL MEMBER	TICALITI LITILLICIO	r.m.

Principa' Place of Business Mailing Address 595 W. GRANADA BLVD. 595 W. GRANADA BLVD. SUITE 2E SUITE 2F ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 3. Date Incorporated or Qualified 3a. Date of Last Report 06/24/1994 05/01/1995 2. Principal Piace of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 59-3249267 Not Applicable Suite Apt #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees $Z_{\rm IP}$ Country Country 8. This corporation has liability for intangible tax under s. 199.032, 25 24 29 30 xxx Yes □ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAIMONDO, LOUIS J Street Address (P.O. Box Number is Not Acceptable) 595 W. GRANADA BLVD. **SUITE 2E** 83 **ORMOND BEACH FL 32174** City Zip Code 85 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 Signal new typeol or pricted name of regulated agent and town applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 T-11 F DELETE 1. 1 TITLE RAIMONDO, LOUIS J NAM: 1.2 NAME 103 SAND DUNES DRIVE STREET ADDRESS. 1.3 STREET ADDRESS ORMOND BY THE SEA FL 32176 011Y - \$1 - ZIP 1.4 CITY - ST-ZIP TIFLE DELETE 2 1 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 23 STREET ADDRESS CITY - S1 - ZIP 2 4 CITY - ST - ZIP THE DELETE 3 1 TITLE ☐ Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY S1-ZiP 3.4 CiTY - S1 - 7/P THUE DELETE 4 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS City-St-ZiP 44 CITY-ST-ZIP TIT: F DELETE 5 1 DILE ☐ Change ■ Addition NAME 52 NAME STREET ADDRESS 53 STREET ADDRESS 54 CITY-ST-ZIP THEF DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHY S1-Zift 6 4 CiTy - ST - ZiP 14. Ido 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)(k). Florida Statutes, I further certify that the information indicated on this arrival alport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath, 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 13 if cythyred, or only attachment with an address.

Louis J. Raimondo 2/19/96 Pres.

904-672-4222

Daytime Phone #