2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000048140

1. Entity Name
IASIS COUNSELING CENTERS, INC.
W01-130161

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 10 PM 2:24

Principal Place of Business	Mailing Address
~~3834 NORTHDALE BLVD # 124 TAMPA FL 33624~~	5201 West Kennedy Blvd. Suite 620 Tampa, FL 33609

REINSTATEMENT

DO NOT WRITE IN THIS SPACE 95-01

2. Principal Place of Business	3. Mailing Address
5201 W. KENNEDY BLVD	3959 VAN DYKE RD
Suite, Apt. #, etc.: 620	Suite, Apt. #, etc.: #162
City & State: TAMPA FL	City & State: LUTZ FL
Zip: 33609 Country: USA	Zip: 33549 Country: USA

4. FEI Number: 59-3252203 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
	Name: L. Eugene Cowherd
	Street Address (P.O. Box Number is Not Acceptable): 17517 Tally Ho Ct.
	City: Odessa FL Zip Code: 33556

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.

SIGNATURE: L. Eugene Cowherd President L. Eugene Cowherd 4/27/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT L. EUGENE COWHERD 17517 TALLY HO CT ODESSA FL 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1500. - ACM 61.25 AR ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500004554875--2 -08/24/01--01038--023
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	88.75 - ARSUPP ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	***1650.00 Change ***1[illegible] Addition
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CR2E034 (11/00)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. Eugene Cowherd President L. Eugene Cowherd 4/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date