

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000033262 (3)

1. Corporation Name

BAYCARE BEHAVIORAL HEALTH CENTERS, INC.



Principal Place of Business

Mailing Address

14100 WALTONHAM RD
SUITE 24
LARGO FL 33774
408

28050 US HWY 19 N
SUITE 404
CLEARWATER FL 34621
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 2480 East Bay Drive

Suite, Apt. #, etc.

22 Suite 11

City & State

23 Largo, Florida

Zip

24 33771

Country

25 U.S.A.

2a. Mailing Address

26 28059 U.S. Hwy. 19 N.

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Clearwater, Florida

Zip

29 33761

Country

30 U.S.A.

3. Date Incorporated or Qualified

04/27/1995

4. FEI Number

59-3311295

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COATES, BOBBY L
28050 US HWY 19 N
SUITE 404
CLEARWATER FL 34621

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

28059 U.S. Hwy. 19 N.

83

Suite 200

84

Clearwater

FL

85

Zip Code
33761

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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

Signature, typed or printed name of registered agent and the applicable

Bobby L. Coates

4/29/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME COATES, BOBBY L
STREET ADDRESS 28050 US HWY 19 N SUITE 404
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE VPS
NAME COATES, DEBORAH R
STREET ADDRESS 28050 US HWY 19 N SUITE 404
CITY-ST-ZIP CLEARWATER FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 28059 U.S. Hwy. 19 North Ste. 200
1.4 CITY-ST-ZIP Clearwater, Florida 33761

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 28059 U.S. Hwy. 19 North, Ste. 200
2.4 CITY-ST-ZIP Clearwater, Florida 33761

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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 13 if changed or by an attachment with an address.

SIGNATURE:

4/29/98 (612) 923-1540

CR2E034 (10/97)