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**Apr 17 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P95000080583 (4)

1. Corporation Name MANATEE MENTAL HEALTH AND REHABILITATIVE SERVICE S, INC.



Principal Place of Business 689 DELTONA BLVD. DELTONA FL 32725
Mailing Address 689 DELTONA BLVD. DELTONA FL 32725-8019

3. Date Incorporated or Qualified 10/16/1995 **3a. Date of Last Report 04/16/1996**

2. Principal Place of Business 21 **2a. Mailing Address 26**

4. FEI Number 59-3344613 **Applied For Not Applicable**

22. Suite, Apt. #, etc. 27

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

23. City & State 28

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

24. Zip 25 Country 29 **30**

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

**GOETZ, GALEN
689 DELTONA BLVD.
DELTONA FL 32725**

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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CCEO <input type="checkbox"/> DELETE
NAME	SWAIN, W. STEWART
STREET ADDRESS	6000 MARKET SQUARE #200
CITY- ST- ZIP	CLEMMONS NC 27102
TITLE	VTAS <input type="checkbox"/> DELETE
NAME	MUENCHOW, BECKY
STREET ADDRESS	6000 MARKET SQUARE #200
CITY- ST- ZIP	CLEMMONS NC 27102
TITLE	PVAS <input type="checkbox"/> DELETE
NAME	HERZOG, LAVERNE P
STREET ADDRESS	689 DELTONA BLVD.
CITY- ST- ZIP	DELTONA FL 32725
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	Clemmons NC 27012
1.4 CITY- ST- ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Clemmons, NC 27012
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Hutchins, Faye
4.3 STREET ADDRESS	6000 Meadowbrook Mall #200
4.4 CITY- ST- ZIP	Clemmons NC 27012
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do 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 on an attachment with an address.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

1-23-97 **407-860-0689**
Date Daytime Phone #

CR2E034 (9/96)