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Apr 11 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 # P95000096219 (7)

1. Corporation Name
YOUTH SERVICES INTERNATIONAL OF FLORIDA, INC.

Principal Place of Business

2 PARK CENTER COURT
SUITE 200
OWINGS MILLS MD 21117

Mailing Address

2 PARK CENTER COURT
SUITE 200
OWINGS MILLS MD 21117-4200

3. Date Incorporated or Qualified
12/20/1995

3a. Date of Last Report
04/24/1996

2. Principal Place of Business

21 12012 Boyette Road

Suite, Apt. #, etc.

22 City & State

23 Riverview, FL

24 Zip 33569 25 Country

2a. Mailing Address

26 2 Park Center Court

Suite, Apt. #, etc.

27 Suite 200

28 Owings Mills, MD

29 Zip 21117 30 Country

4. FEI Number
52-1955335

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☒ DELETE

NAME PD
FELDON, HENRY D
STREET ADDRESS 2 PARK CENTER COURT, SUITE 200
CITY-ST-ZIP OWINGS MILLS MD

1.2 TITLE ☒ DELETE

NAME C
HINDMAN, W. JAMES
STREET ADDRESS 2 PARK CENTER COURT, SUITE 200
CITY-ST-ZIP OWINGS MILLS MD

1.3 TITLE ☐ DELETE

NAME TD
MOONEY, WILLIAM
STREET ADDRESS 2 PARK CENTER COURT
CITY-ST-ZIP OWINGS MILLS MD

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

NAME President/Chairman
Timothy P. Cole
STREET ADDRESS 2 Park Center Court, Suite 200
CITY-ST-ZIP Owings Mills, MD 21117

2.1 TITLE ☐ Change ☒ Addition

NAME Vice President
David B. Dolch
STREET ADDRESS 2 Park Center Court, Suite 200
CITY-ST-ZIP Owings Mills, MD 21117

3.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Timothy P. Cole

3/25/97

Date

(410) 356-8600

Daytime Phone #

0008900

CR2E034 (9/96)