

AMENDED

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

FILED
Sep 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #P95000096219

1. Corporation Name

Youth and Family Centered Services of Florida, Inc.

Principal Place of Business	Mailing Address
12012 Boyette Road Riverview, FL 33569	1705 Capitol of Texas Hwy. S. Suite 500 Austin, TX 78746

AMENDMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	12/20/95	52-1955335	Not Applicable
22	27	5. Certificate of Status Desired		\$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
24	29	7. 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	10. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, Florida 33324	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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bart McLean	1.2 NAME	
STREET ADDRESS	1705 Capitol of Texas Hwy. S., Ste. 500	1.3 STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78746	1.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Timothy P. Cole	2.2 NAME	
STREET ADDRESS	2 Park Center Court, Suite 200	2.3 STREET ADDRESS	
CITY-ST-ZIP	Owings Mill, MD	2.4 CITY-ST-ZIP	
TITLE	P/D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin P. Shochan	3.2 NAME	
STREET ADDRESS	1705 Capitol of Texas Hwy. S. Suite 500	3.3 STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78746	3.4 CITY-ST-ZIP	
TITLE	VP/S/T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	J. Mack Nunn	4.2 NAME	
STREET ADDRESS	1705 Capitol of Texas Hwy. S. Suite 500	4.3 STREET ADDRESS	
CITY-ST-ZIP	Austin, TX 78746	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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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, on an attachment with an address.

J. Mack Nunn, President 8/12/98 (512)835-5437

CR2E034 (10/97)