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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000083665 (5)

ORLANDO CENTER FOR BEHAVIORAL SERVICES, INC.

Principal Place of Business Mailing Address 300 GALLERIA PARKWAY 300 GALLERIA PARKWAY SUITE 650 SUITE 650 ATLANTA GA 30339-0049 ATLANTA GA 30339-5949 3. Date Incorporated or Qualified 3a. Date of Last Report 10/10/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3422017 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Bo 23 Trust Fund Contribution Added to Fees 28 Zip Country  $Z_{\rm ID}$ Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 24 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE DATE Signature, typed or printed name of registered agent and little if applicable. (NOTI - Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELE1E 1.1 TITLE TITLE MCAFEE, JAMES T JR NAME 1.2 NAME 300 GALLERIA PKWY, STE 650 STREET ADDRESS 1.3 STREET ADDRESS ATLANTA, GA 30339 CITY-ST-ZIP 1.4 CITY - \$1 - 7IP DELF1E TITLE 2.1 111cE BERGER MARNI F NAME 2.2 NAME 6601 CENTRAL FLORIDA PHUSY STREET ADDRESS 2.3 STREET ADDRESS ORLANDO, FL 32821-809)
T(5/D) Change MAddition CITY-ST-ZIP 2. 4 City - \$1 - 2iP DELETE TITLE 3 1 11TLF T/S/ D MORRIS, J.T. 300 GALLERIA PKWY, STE 650 NAME 32 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$1 - ZIP ATLANTA GA 30339 Change Addition DELETE TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 DILE NAME 5.2 NAME

14. I do hereby certify that the information supplied with this fitting 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 eath; 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

5.4 CITY - \$1 - 7P

61 THLE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

DELETE

3/26/97

770-933-5500

Change

Addition

FILED

Apr 03 1997 8:00am

Secretary of State

(96/6)