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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000083665 (5)

ORLANDO CENTER FOR BEHAVIORAL SERVICES, INC.

THE REPORT OF THE PROPERTY OF

FILED

May 12 1998 8:00am

Secretary of State

Principal Place of Business Mailing Addross									ı ınatılağı ila inisa elili nasılı balıs antıl a	MINE SAIND LIII	ALLES MEN	DI MILL INNE	
300 GALLERIA PARKWAY 300 GALLERIA PARKWAY													
SUITE 650				SUITE 650					DO NOT WRITE IN THIS SPACE				
ATLANTA GA 30339-0049				ATLANTA GA 30339-0049				ŀ	3. Date Incorporated or Qualified				
									10/10/1996				
2. Principal Pl	ace of Business		2a.	Mailing Address					4. FEI Number		Ap	plied For	
21				26					59-3422017		No	t Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.						1 7 '		Additional	
22				27					b. Certificate of Status Desired		Fee Re	quired	
City & State				City & State					6. Election Campaign Financing	· .		May Be	
Zip Country			28						1100110110			o Fees	
Zip	25 Cooniny			7 (p)			. Inia corporat		 This corporation owes or has paid. Personal Property Tax due June 30 	es or has paid the current year Intangible			
24	9, Name and Address of Current						10. Name and Address of New Registered Agent						
CT	CORPORATION					B1	Name						
	O SOUTH PINE				82	Street	Address (P.O. Box Number is Not Acceptable)						
PLANTATION FL 33324						83							
·							0			· · · · · · · · · · · · · · · · · · ·		3	
						84	City			F <u>L</u> 85	Zip (
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 Stonature typed or printed name of region red a per analystic if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
Signature typed or printed name of registrated agree 12. OF LCF RS AND				-					ADDITIONS/CHANGES TO OFFICER		ECTOP	S IN 12	
TITLE	CD	OT TO THE PART		DELETE	1.1 TI	1LE					hange	Addition	
NAME	MCAFEE, JA	MES T JR			1.2 N	AME							
STREET ADDRESS 300 GALLERIA PKWY, SUITE 6			50	1.3 \$			1.3 STREET ADDRESS						
CITY-ST-ZIP	ATLANTA GA	1			1.4 C	ITY-S	r- ZIP						
TITLE	PO			DELETE	2.1 TI	TLE		PD	- 1 Parade		hange	Addition	
NAME	BERGER, MARNI F						2.2 NAME		Berteau Robert OI Central Floride Akwi	ч			
STREET ADDRESS							2.3 STREET ADDRESS CA		of Certification of the control of the certification of the certificatio	J			
CITY-ST-ZIP				DELETE				L CV	lando FL	П	hange	Addition	
TITLE	TSD MODDIS AT						3.1 TITLE 3.2 NAME				Hariye	LJ AUURION	
NAME	MORRIS, J.T.		EΛ				A DODE ČČ						
STREET ADDRESS	ATI ANITA OA			3.3.5			ADORESS						
CITY-ST-ZIP TITLE	VIPVILLY (%	<u> </u>		DELETE	4.1 TI		I' ZIF	<u> </u>			hange	Addition	
NAME				_	4.21								
STREET ADDRESS					- 1		ADDRESS						
CITY-ST-ZIP						ITY-S] .					
TITLE				DELETE	5.1 TI	1LE					hange	☐ Addition	
NAME					5.2 N	AME							
STREET ADDRESS					5.3 \$	IREET	address						
CITY-ST-ZIP						ITY-S	-ZiP				V	T 12200-	
TITLE				☐ DELETE	6.1 31						Change	Addition	
NAME	. 3				6.2 N								
STREET ADDRESS	2						ADDRESS						
CITY-ST-ZIP	aditu that the infe	maticu energy et est	thio f	ding clone not quality f		ITY-S		ed in S	ection 119.07(3)(i). Florida Statutes, I fu	ther certify t	hat the	information	

release verify may not information supplied with this hing does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental 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 or an attachment with an address.