

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **P97000001686 (9)**

1. Corporation Name

AMERICAN BEHAVIORAL CARE, P.A.

Principal Place of Business

**3300 S.W. 34TH AVENUE
SUITE 140
OCALA FL 34474**

Mailing Address

**3300 S.W. 34TH AVENUE
SUITE 140
OCALA FL 34474**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

01/01/1997

4. FEI Number

59-3419149

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**DOWNEY, KEVIN I
2631 N.W. 41ST ST.
SUITE B-2
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

81 Name **DONALD L. SHERRY M.D.**
82 Street Address (P.O. Box Number is Not Acceptable)
3300 SW 34 AV #140
83
84 City **OCALA** **FL** **85** Zip Code **34474**

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 **Donald L. Sherry M.D.**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/13/98

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **SHERRY, DONALD MD**
STREET ADDRESS **3300 S.W. 34TH AVENUE #140**
CITY-ST-ZIP **OCALA FL 34474**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, or on an attachment with an address.

SIGNATURE: **Donald L. Sherry M.D.**

7/13/98

FILED
Jul 30 1998 8:00am
Secretary of State



CR2E034 (5/98)

DONALD L. SHERRY, M.D.

Psychiatric Medicine

(2)

July 13, 1998

July 27, 1998

Division of Corporations
ATTN: Annual Reports Filings
P.O. Box ~~1500~~ 6327
Tallahassee FL ~~32302-1500~~
32314

Dear Sir or Ms,

Enclosed please find our first Corporation report. This is the first form we received. We are not yet operating under the name of American Behavioral Care, P.A. and have not received any mailing prior to this 2nd notice. It is likely that the first notice was not delivered to this address as this name is not in use. Please accept this form and the enclosed check for \$150 for our 1998 report.

Sincerely,

Donald L. Sherry, M.D.
Donald L. Sherry, M.D.