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FILED
Jun 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000058681 (2)
1. Corporation Name
DAYLIGHT BEHAVIORAL HEALTH, INCORPORATED



Principal Place of Business Mailing Address
25 SECOND STREET NORTH #340 25 SECOND STREET NORTH #340
ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 1213 16th Street North 26 1213 16th Street North
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 St. Petersburg, FL 28 St. Petersburg, FL
Zip Country Zip Country
24 33705 25 Pinellas 29 33705 30 Pinellas

3. Date Incorporated or Qualified
07/03/1997
4. FEI Number 59-3455992 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

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FELDER, BENJAMIN
42 FIRST STREET SOUTHEAST
ST. PETERSBURG FL 33701
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
10575 68th Avenue North, Suite D2
83
84 City Seminole FL 85 Zip Code 33772

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 reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE 11 TITLE ☒ Change ☐ Addition
NAME MARTINO, ANNETTE 12 NAME
STREET ADDRESS 25 SECOND STREET NORTH #340 13 STREET ADDRESS 1213 16th Street North
CITY-ST-ZIP ST. PETERSBURG FL 33701 14 CITY-ST-ZIP St. Petersburg, FL 33705
TITLE ☐ DELETE 21 TITLE ☐ Change ☐ Addition
NAME 22 NAME
STREET ADDRESS 23 STREET ADDRESS
CITY-ST-ZIP 24 CITY-ST-ZIP
TITLE ☐ DELETE 31 TITLE ☐ Change ☐ Addition
NAME 32 NAME
STREET ADDRESS 33 STREET ADDRESS
CITY-ST-ZIP 34 CITY-ST-ZIP
TITLE ☐ DELETE 41 TITLE ☐ Change ☐ Addition
NAME 42 NAME
STREET ADDRESS 43 STREET ADDRESS
CITY-ST-ZIP 44 CITY-ST-ZIP
TITLE ☐ DELETE 51 TITLE ☐ Change ☐ Addition
NAME 52 NAME
STREET ADDRESS 53 STREET ADDRESS
CITY-ST-ZIP 54 CITY-ST-ZIP
TITLE ☐ DELETE 61 TITLE ☐ Change ☐ Addition
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 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: 1/22/98 (913) 934-6232

CR2E034 (10/97)