

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

**APPROVED AND FILED**

99 AUG 20 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

① 000001

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000069031** ✓  
 1. Corporation Name  
**ALTERNATIVE BEHAVIORAL CONCEPTS, INC.**

Principal Place of Business 720 S. GLENCRUITEN AVE. LAKE ALFRED FL 33850	Mailing Address PO BOX 1057 LAKE ALFRED FL 33850-1057
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>217 Avery D. West</b>	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 <b>Auburndale, FL 33823</b>	City & State 28 <b>570</b>
Zip 24 <b>33823-5707</b>	Country 25 <b>POLK</b>
	30

3. Date Incorporated or Qualified <b>08/08/1997</b>	
4. FEI Number <b>59-3463137</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JORDAN, KEITH A**  
**720 S. GLENCRUITEN AVE.**  
**LAKE ALFRED FL 33850**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>CHERYL A BORDEN</b>	
STREET ADDRESS	<b>720 S GLENCRUITEN AVE</b>	
CITY-ST-ZIP	<b>LK ALFRED FL 33850</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>KEITH A JORDAN</b>	
STREET ADDRESS	<b>720 S GLEN CRUITEN AVE</b>	
CITY-ST-ZIP	<b>LK ALFRED FL 33850</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>600002974496--2</b>
2.3 STREET ADDRESS	<b>-08/31/99--01042--009</b>
2.4 CITY-ST-ZIP	<b>***150.00 ***150.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 all attachments with an address with all other like empowered.

SIGNATURE: Keith A Jordan **APPROVED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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**A**  
**B**  
**C**

**Alternative Behavioral Concepts, Inc.**  
P.O. Box 1057  
Lake Alfred, Florida 33850  
(941) 956-0025

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August 10, 1999

Department of Corporations  
State of Florida  
P.O. Box 6327  
Tallahassee, FL 32399

To Whom It May Concern:

Enclosed please find the Annual Corporate Report for Alternative Behavioral Concepts, Inc. of Central Florida, Charter #P970000690321.

I apologize in advance for being so untimely in filing. However, my mother suffered from a heart attack and then a Traumatic Brain Injury in April 1999. This required our care during recovery and rehabilitation. Also, there was a death in the family 2 weeks following my mothers heart attack. These incidents required our attention and we were unable to file as we should have. However, these issues have been resolved and I request that our corporate status be reactivated.

Due to my circumstances I ask that you kindly wave the \$500.00 penalty fee as I have always filed timely in the past, and will do so in the future. This would greatly aid in my meeting my financial obligations that I occurred while attending to family matters. If any documentation is required for your records please let me know.

If you have any questions or if I can be of service, please feel free to contact me.

Sincerely,



Keith Jordan  
Vice President  
Alternative Behavioral Concepts, Inc.