FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90384 022 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

10079874

DOCUMENT # P97000069411

1. Entity Name
BARBARA J. WILDING BEHAVIOR MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
2080 RINGLING BLVD 202 SARASOTA, FL 34237-7008	889 B N WASH BLVD SARASOTA, FL 34236

2. Principal Place of Business	3. Mailing Address
200 S. Washington Blvd	200 S. Washington Blvd
Suite, Apt. #, etc. 9	Suite, Apt. #, etc. 9
City & State Sarasota FL	City & State Sarasota
Zip 34236 Country	Zip FL Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0722169 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILDING, BARBARA J ~~2080 RINGLING BLVD~~ ~~#202~~ SARASOTA, FL 34237-7008	Name Street Address (P.O. Box Number is Not Acceptable) 200 S. Wash. Blvd #9 City Sarasota FL Zip Code 34236

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ____________________ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	WILDING, BARBARA J	NAME	
STREET ADDRESS	889B N. WASH BLVD	STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 34236	CITY-ST-ZIP	
TITLE	Vice President ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	John N. Edmands	NAME	
STREET ADDRESS	200 S. Wash. Blvd #9	STREET ADDRESS	
CITY-ST-ZIP	Sarasota FL 34236	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (10/02)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Barbara Wilding 4/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #