

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90164 037 ***150.00

DOCUMENT # P98000097486

1. Corporation Name
BEHAVIORAL HEALTH RESOURCES ORLANDO, INC.

Principal Place of Business
1326 NORTH STATE ROAD 7
MARGATE FL 33063

Mailing Address
1326 NORTH STATE ROAD 7
MARGATE FL 33063

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/19/1998

4. FEI Number
59-3547800

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 1850 LEE RD.

2a. Mailing Address
26 1850 LEE RD.

Suite, Apt. #, etc.
22 SUITE 236

Suite, Apt. #, etc.
27 SUITE 236

City & State
23 WINTER PARK, FL

City & State
28 WINTER PARK, FL

Zip Country
24 32789 25 US

Zip Country
29 32789 30 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LERNER, ALLAN M ESQ.
2888 EAST OAKLAND PARK BOULEVARD
FORT LAUDERDALE FL 33306

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

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 PD
NAME TRIM, JOSEPH
STREET ADDRESS 1326 NORTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

1.1 TITLE PD
1.2 NAME TRIM, Joseph Ed.D.
1.3 STREET ADDRESS 1850 Lee Road, Suite 236
1.4 CITY-ST-ZIP Winter Park, FL 32789

TITLE D
NAME LERNER, MARTIN PH.D.
STREET ADDRESS 1326 NORTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

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

TITLE D
NAME FOOS, JAMES A PSY.D.
STREET ADDRESS 1326 NORTH STATE ROAD 7
CITY-ST-ZIP MARGATE FL 33063

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

TITLE ~~DANNY~~
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE VP
4.2 NAME DANNY L. CROCKETT
4.3 STREET ADDRESS 1850 LEE RD., SUITE 236
4.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE S/T
5.2 NAME DARLENE CROCKETT
5.3 STREET ADDRESS 1850 LEE RD., SUITE 236
5.4 CITY-ST-ZIP WINTER PARK, FL 32789

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE D
6.2 NAME PAT TRIM, LCSW
6.3 STREET ADDRESS 1850 LEE RD., SUITE 236
6.4 CITY-ST-ZIP WINTER PARK, FL 32789

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, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH TRIM

4-6-99 (407)644-8588

Date

Daytime Phone #

CR2E034 (11/98)

0157775