

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

4/31

FILED
May 22, 2003 8:00 am
Secretary of State

04-30-2003 90128 034 ****61.25
05-22-2003 90144 032 ****88.75

DOCUMENT # **P99000065877**



1. Entity Name
GENESIS BEHAVIORAL HEALTH CARE SERVICES, INC.

Principal Place of Business
**900 ORCHID SPRINGS DR
SUITE A
WINTER HAVEN FL 33884**

Mailing Address
**900 ORCHID SPRINGS DR
SUITE A
WINTER HAVEN FL 33884**

2. Principal Place of Business
1000 5th St. SE

3. Mailing Address
1000 5th St. SE

Suite, Apt. #, etc.

City & State
Winter Haven 33880

City & State
Winter Haven 33880

Zip Country
Florida USA

Zip Country
Florida USA

4. FEI Number **65-0936087**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LUMBERSON, JAMES C DR
900 ORCHID SPRINGS DR
SUITE A
WINTER HAVEN FL 33884**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (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 NAME	P LUMBERSON, JAMES C	<input type="checkbox"/> Delete
STREET ADDRESS	900 ORCHID SPRINGS DR SUITE A	
CITY-ST-ZIP	WINTER HAVEN FL 33884	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

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: *James C. Lumberson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/03 (863) 201 9934
Date Daytime Phone #

CR2E034 (10/02)