FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S61987** **(1)**

1. Corporation Name
BEHAVIORAL CARE ASSOCIATES INC.

Principal Place of Business	Mailing Address
261 S LAKE TRIPLET DR CASSELBERRY FL 32707	261 S LAKE TRIPLET DR CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1991	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3083451	☐ 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
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 1253 VIA DEL MAR	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER PARK FL	28 City & State: F
24 Zip: 32789 25 Country: ORANGE	29 Zip 30 Country

8. Name and Address of Current Registered Agent

DEMARK, JAMES C.
261 S LAKE TRIPLET DR
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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: James C DeMark, President 4/15/95
(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	1.1 TITLE	☑ Change ☐ Addition
NAME	DEMARK, JAMES C.	1.2 NAME	
STREET ADDRESS	261 S LAKE TRIPLET DR	1.3 STREET ADDRESS	1253 VIA DEL MAR
CITY-ST-ZIP	CASELBERRY FL	1.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE	D	2.1 TITLE	☑ Change ☐ Addition
NAME	DEMARK, HELEN DIANE	2.2 NAME	
STREET ADDRESS	261 S LAKE TRIPLET DR	2.3 STREET ADDRESS	1253 VIA DEL MAR
CITY-ST-ZIP	CASELBERRY FL	2.4 CITY-ST-ZIP	WINTER PARK FL 32789
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James C DeMark JAMES C DEMARK 4/15/95 407 629-8752
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
President

CP