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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S61987

(1)

BEHAVIORAL CARE ASSOCIATES INC.

T IRANJANA (NA RINGA 31819 2618) NANI NARI RINNI BURUN SURII ANDIS BURUN BURUN ANDIS

**FILED** 

Apr 15 1998 8:00am

Secretary of State

Principal Place	of Business	Mailing Address			BOL BIBIT BIBIT BIBIT BEBIT BIBIT BIBIT	
1253 YIA DEL MAR WINTER PARK FL 32789 US		1253 VIA DEL MAR WINTER PARK FL 32789 US			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
				06/21/1991		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3083451	Not Applicable	
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		<b>0.</b> Oct. modele of otenior of otenior	Fee Required	
City & State	)	City & State		6. Election Campaign Financing	\$5.00 May Be	
23)	Country		Country	Trust Fund Contribution		
Zip <b>24</b>	25	29 30	¬ '	<ol> <li>This corporation owes or has personal Property Tax due Jur</li> </ol>		
24	g. Name and Address of Current		<u> </u>	10. Name and Address of New F		
DEL	MARK, JAMES C		81 Name			
	3 VIA DEL MAR		82 Street	Address (P.O. Box Number is Not Accept	able)	
WINTER PARK FL 32789			62 Sileet	Address (F.O. Box Number is Not Accept	able)	
*****	110111111111111111111111111111111111111		83			
			84 City		85 Zip Code	
					FL	
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obliga	of Florida. Such chan <b>ge was a</b> ut	horized by the corp	corporation submits this statement for the poration's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agos		Registered Agent signature	e required when reinstating)	DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition	
TITLE	PT MADE MATERIA	☐ DELETE	1.1 TITLE		Citalige Ci Addition	
NAME	DEMARK, JAMES C		1.2 NAME			
STREET ADDRESS	1253 VIA DEL MAR WINTER PARK FL 32789		1.3 STREET ADDRESS			
CITY-ST-ZIP	VPS	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition	
TITLE	DEMARK, HELEN DIANE	- OLLLIE	2.2 NAME			
NAME Street address	1253 VIA DEL MAR		2.3 STREET ADDRESS			
CITY-ST-ZIP	WINTER PARK FL 32789		2. 4 CITY-ST-ZIP			
TITLE	THE TENT OF THE SECOND	☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		☐ DELETE	5.1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS		İ	
CITY-ST-ZIP		D pours	5.4 CITY-ST-ZIP		Change Addition	
TITLE		☐ DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6 3 STREET ADDRESS			

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 thinged, or on an attachment with an address.