


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90072 032 ****61.25

DOCUMENT # N96000005017					
1. Entity Name THE FLORIDA COUNCIL FOR BEHAVIORAL HEALTHCARE, INC.					
Principal Place of Business 316 EAST PARK AVE. TALLAHASSEE, FL 32301		Mailing Address 316 EAST PARK AVE. TALLAHASSEE, FL 32301			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		02212008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-3430322	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SHARPE, BOB 316 EAST PARK AVENUE TALLAHASSEE, FL 32301			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHIMMEL, DAVID		NAME	Valentina, Veronica	
STREET ADDRESS	6075 GOLDEN GATE PKWY		STREET ADDRESS	5770 St. Augustine Rd	
CITY-ST-ZIP	NAPLES, FL 34116		CITY-ST-ZIP	Jacksonville, FL 32207	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	VB	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VALENTINE, VERONICA		NAME	Kassab, Jerry	
STREET ADDRESS	5776 ST AUGUSTINE RD		STREET ADDRESS	1800 Mercy Dr.	
CITY-ST-ZIP	JACKSONVILLE, FL 32207		CITY-ST-ZIP	Orlando, FL 32808	
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JARDON, MARIO		NAME	Jardon, Mario	
STREET ADDRESS	4175 W 20TH AVE		STREET ADDRESS	4175 W. 20th Ave	
CITY-ST-ZIP	HIALEAH, FL 33012		CITY-ST-ZIP	Hialeah, FL 33012	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KASSAB, JERRY		NAME	Cherry, Jon	
STREET ADDRESS	1800 MERCY DR		STREET ADDRESS	515 W. Main St.	
CITY-ST-ZIP	ORLANDO, FL 32808		CITY-ST-ZIP	Keesburg, FL 34748	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.					
SIGNATURE: <i>Bob Sharpe</i>			Bob Sharpe		224-6048
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #