

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90081 001 ***300.00

DOCUMENT # P04000141028

1. Entity Name
NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.



Principal Place of Business
**3014 N US 301 STE 1000
 TAMPA, FL 33619**

Mailing Address
**3014 N US 301 STE 1000
 TAMPA, FL 33619**

66000160



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

01042005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MORE, ROBERT
3014 N US 301 STE 1000
TAMPA, FL 33619

4. FEI Number
20-1847098

Applied For
 Not Applicable

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

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	PRESIDENT
STREET ADDRESS		STREET ADDRESS	ROBERT MORE
CITY-ST-ZIP		CITY-ST-ZIP	3014 N US 301 STE 1000
			TAMPA, FL 33619
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	VICE PRESIDENT
STREET ADDRESS		STREET ADDRESS	JOHN DILLON
CITY-ST-ZIP		CITY-ST-ZIP	3014 N US 301 STE 1000
			TAMPA, FL 33619
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	TREASURER
STREET ADDRESS		STREET ADDRESS	JOHN CHERRY
CITY-ST-ZIP		CITY-ST-ZIP	P.O. Box 491000
			LEESBURG, FL 34749
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	SECRETARY
STREET ADDRESS		STREET ADDRESS	WAYNE DREGGORS
CITY-ST-ZIP		CITY-ST-ZIP	1220 WILLIS AVE
			DAYTONA BEACH, FL 32117
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	J. DAVID MOORE
CITY-ST-ZIP		CITY-ST-ZIP	3014 N US 301 STE 1000
			TAMPA, FL 33619
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	DIRECTOR
STREET ADDRESS		STREET ADDRESS	MARGARITA LABARTA
CITY-ST-ZIP		CITY-ST-ZIP	4800 SW 13TH ST
			GAINESVILLE, FL 32608

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: *Robert More* **1/14/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #