


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2007 8:00 am
Secretary of State

02-20-2007 90049 013 ***150.00

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

2. Principal Place of Business - No P.O. Box #
8906 Brittany Way

3. Mailing Address
8906 Brittany Way

Suite, Apt. #, etc.

City & State
TAMPA, FLORIDA

City & State
TAMPA, FLORIDA

Zip
33619

Country



02052007 Chg-P CR2E034 (12/06)

4. FEI Number
 20-1847098

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

6. Name and Address of Current Registered Agent
 MORE, ROBERT
 3014 N US 301 STE 1000
 TAMPA, FL 33619

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, 2007 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	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORE, ROBERT		NAME		
STREET ADDRESS	3014 N US 301 STE 1000		STREET ADDRESS	<i>8906 BRITTANY WAY</i>	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	<i>TAMPA, FLORIDA 33619</i>	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, JOHN		NAME		
STREET ADDRESS	3014 N US 301 STE 1000		STREET ADDRESS	<i>8906 BRITTANY WAY</i>	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	<i>TAMPA, FLORIDA 33619</i>	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DREGGORS, WAYNE		NAME	<i>Secretary</i>	
STREET ADDRESS	1220 WILLIS AVE		STREET ADDRESS	<i>4800 SW 13th St.</i>	
CITY-ST-ZIP	DAYTONA BEACH, FL 32114		CITY-ST-ZIP	<i>Gainesville FL 32608</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, DAVID J		NAME		
STREET ADDRESS	3014 N US 301 STE 1000		STREET ADDRESS	<i>8906 BRITTANY WAY</i>	
CITY-ST-ZIP	TAMPA, FL 33619		CITY-ST-ZIP	<i>TAMPA, FLORIDA 33619</i>	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LABARTA, MARGARITA		NAME		
STREET ADDRESS	4800 SW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<i>Treasurer</i>	
STREET ADDRESS			STREET ADDRESS	<i>Cherry, Jon</i>	
CITY-ST-ZIP			CITY-ST-ZIP	<i>8906 Brittany Way</i>	
				<i>TAMPA, FLORIDA 33619</i>	

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 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: *John A. Moore* 2/13/2007 (813) 246-7209

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