## 2010 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000141028

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.

FILED Oct 14, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8906 BRITTANY WAY TAMPA, FL 33619

Current Mailing Address: New Mailing Address:

8906 BRITTANY WAY 240 CORPORATE BLVD. TAMPA, FL 33619 NORFOLK, VA 23502

FEI Number: 20-1847098 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DILLON, JOHN J MORGAN, RUSSELL 8906 BRITTANY WAY TAMPA, FL 33619 US TAMPA, FL 33619 US

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.

SIGNATURE: RUSSELL MORGAN 10/14/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: DIR

Name: MORGAN, RUSSELL Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: DIR

Name: RASCOE, RUSSELL Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: DIR

 Name:
 LABARTA, MARGARITA

 Address:
 4800 SW 13TH ST.

 City-St-Zip:
 GAINESVILLE, FL 32608

Title: VP

Name: MOORE, DAVID J Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: PRES

Name: GLYNN, PATRICK Address: 8906 BRITTANY WAY City-St-Zip: TAMPA, FL 33619

Title: DIR

 Name:
 CHERRY, JON T

 Address:
 2020 TALLY ROAD

 City-St-Zip:
 LEESBURG, FL 34748

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL MORGAN DIR 10/14/2010