

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141028

FILED
Feb 17, 2011
Secretary of State

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.

Current Principal Place of Business:

8906 BRITTANY WAY
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

240 CORPORATE BLVD.
NORFOLK, VA 23502

New Mailing Address:

FEI Number: 20-1847098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORGAN, RUSSELL
8906 BRITTANY WAY
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

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: _____

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: PATRICK GLYNN

PRES

02/17/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date