


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 046 ***550.00

DOCUMENT # P98000084852

1. Entity Name
FLORIDA HEALTH PARTNERS, INC.



Principal Place of Business Mailing Address
8906 BRITTANY WAY **8906 BRITTANY WAY**
TAMPA, FL 33619 **TAMPA, FL 33619**

40112000



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

07172008 Chg-P CR2E034 (12/06)

City & State City & State

4. FEI Number Applied For
59-3537092 Not Applicable

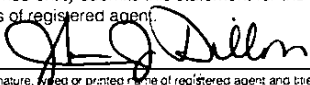
Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent
 Name **John J. Dillon**
 Street Address (P.O. Box Number is Not Acceptable)
8906 Brittany Way
 City **Tampa** FL Zip Code **33619**

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  **John J. Dillon** **7-17-08**
Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **See attached list**

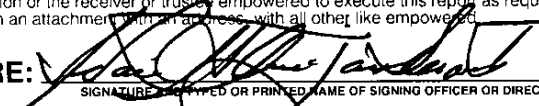
10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORE, ROBERT	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	V	<input type="checkbox"/> Delete
NAME	DILLON, JOHN	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICKUS, IRENE	
STREET ADDRESS	8909 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAIRE, BARBARA	
STREET ADDRESS	4024 CENTRAL AVE.	
CITY-ST-ZIP	SAINT PETERSBURG, FL 33711	
TITLE	T	<input type="checkbox"/> Delete
NAME	KASAB, JERRY	
STREET ADDRESS	1800 MERCY DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. DAVID MOORE	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIJANO, IVAN A	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASSAB, JERRY	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMEL, ROBIN	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	

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 empowerments.

SIGNATURE:  **IVAN A. QUIJANO - 7/24/08 - 813-246-7211**
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

2008 FHP Board Directors

40112353

P98000084852

Jay Glynn, Director

Charlotte Behavioral Health Care
1700 Education Avenue
Punta Gorda, FL 33950

Addition

Tom Riggs, Director

Directions for Mental Health
1437 S Belcher Road, #200
Clearwater, FL 33764

Addition

Gary MacMath, Director

Boley Centers
4445 31st Street N
St. Petersburg, FL 33731

Addition

Marsha Lewis Brown, Secretary/Director

Northside Mental Health Care, Inc.
12512 Bruce B. Downs Blvd.
Tampa, FL 33612

Addition

Julian Rice, Director

Mental Health Care, Inc.
5707 N. 22nd St.
Tampa, FL 33610

Addition

Jim Whitaker, Director

Circles of Care
400 E. Sheridan Road
Melbourne, FL 32901

Addition

Dave Schimmel, Director

David Lawrence Center
6075 Bathey Lane
Naples, FL 34116

Addition