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FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000004863 (3)

1. Corporation Name

CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.



Principal Place of Business

4612 NORTH 56TH STREET
TAMPA FL 33610

Mailing Address

4612 NORTH 56TH STREET
TAMPA FL 33610

3. Date Incorporated or Qualified

08/26/1997

4. FEI Number

59-3467610

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, JULIE A ESQ.
4612 NORTH 56TH STREET
TAMPA FL 33610

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~Chairperson~~ ERROR ☐ DELETE
NAME ~~Bill Jones~~
STREET ADDRESS ~~4422 E. Columbus Drive~~
CITY-ST-ZIP ~~Tampa, FL 33605~~

TITLE ~~Chairperson-Elect~~ ERROR ☐ DELETE
NAME ~~Casey Behrend~~
STREET ADDRESS ~~P.O. Box Drawer 9306~~
CITY-ST-ZIP ~~Winter Haven, FL 33883~~

TITLE ~~Secretary~~ ERROR ☐ DELETE
NAME ~~Mary Ruiz~~
STREET ADDRESS ~~3916 W. Ave West~~
CITY-ST-ZIP ~~Bradenton FL 34205~~

TITLE ~~Treasurer~~ ERROR ☐ DELETE
NAME ~~John P. Marrocco~~
STREET ADDRESS ~~4612 N. 56th Street~~
CITY-ST-ZIP ~~Tampa FL 33610~~

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE C/D
1.2 NAME William Jones
1.3 STREET ADDRESS 4422 E. Columbus Drive
1.4 CITY-ST-ZIP TAMPA, Florida 33605 ☐ Change ☒ Addition

2.1 TITLE D
2.2 NAME Casey Behrend
2.3 STREET ADDRESS P.O. Box Drawer 9306 N/A
2.4 CITY-ST-ZIP Winter Haven, FL 33883 ☐ Change ☒ Addition

3.1 TITLE S/D
3.2 NAME Mary Ruiz
3.3 STREET ADDRESS 3916 W. Avenue West
3.4 CITY-ST-ZIP Bradenton, Florida 34205 ☐ Change ☒ Addition

4.1 TITLE T/D
4.2 NAME John P. Marrocco
4.3 STREET ADDRESS 4612 N. 56th Street
4.4 CITY-ST-ZIP Tampa, FL 33610 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William Jones* 4/12/98 913622-6311

CR2E037 (10/97)