

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 09, 1999 8:00 am  
Secretary of State

03-09-1999 90071 005 \*\*\*\*61.25

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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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/26/1997

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3467610

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

24

25

29

30

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD  
NAME JAMES, WILLIAM  
STREET ADDRESS 4422 E COLUMBUS DR  
CITY-ST-ZIP TAMPA FL 33605

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Change Addition

TITLE D  
NAME BEHREND, CASEY  
STREET ADDRESS P.O. BOX DRAWER 9306 N/A  
CITY-ST-ZIP WINTER HAVEN FL 33883

DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Change Addition

TITLE SD  
NAME RUIZ, MARY  
STREET ADDRESS 391 6TH AVE W  
CITY-ST-ZIP BRADENTON FL 34205

DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Change Addition

TITLE TD  
NAME MARROCCO, JOHN P  
STREET ADDRESS 4612 N 56TH ST  
CITY-ST-ZIP TAMPA FL 33610

DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

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)(l), 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/99

813 984 1702

CR2E037 (11/98)