

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004863

FILED  
Apr 28, 2004  
Secretary of State

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

## Current Principal Place of Business:

4630 NORTH 56TH STREET  
TAMPA, FL 33610

## New Principal Place of Business:

719 US HIGHWAY 301 SOUTH  
TAMPA, FL 33619

## Current Mailing Address:

4630 NORTH 56TH STREET  
TAMPA, FL 33610

## New Mailing Address:

719 US HIGHWAY 301 SOUTH  
TAMPA, FL 33619

FEI Number: 59-3467610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCKINNON, LINDA  
4630 NORTH 56TH STREET  
TAMPA, FL 33610

## Name and Address of New Registered Agent:

MCKINNON, LINDA  
719 US HIGHWAY 301 SOUTH  
TAMPA, FL 33619

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:

04/28/2004

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: CD ( ) Delete  
Name: BROWN, RICHARD  
Address: 4612 NORTH 56TH STREET  
City-St-Zip: TAMPA, FL 33610

Title: VCD ( ) Delete  
Name: RIGGS, R. THOMAS  
Address: 1437 SOUTH BELCHER ROAD, SUITE 200  
City-St-Zip: C;EARWATER, FL 33764

Title: SD ( ) Delete  
Name: LEWIS BROWN, MARSHA  
Address: 12512 BRUCE B DOWNS BOULEVARD  
City-St-Zip: TAMPA, FL 33612

Title: TD ( ) Delete  
Name: DAIRE, BARBARA E  
Address: PO BOX 10970  
City-St-Zip: ST PETERSBURG, FL 33733

Title: D ( ) Delete  
Name: RIHN, ROBERT  
Address: 4683 EAST COUNTY ROAD 540A  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CD (X) Change ( ) Addition  
Name: RIGGS, R. THOMAS  
Address: 1437 SOUTH BELCHER ROAD  
City-St-Zip: TAMPA, FL 33764

Title: VCD (X) Change ( ) Addition  
Name: RIHN, ROBERT  
Address: 4683 EAST COUNTY ROAD 540A  
City-St-Zip: LAKELAND, FL 33813

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: KATHY, HAYES  
Address: 200 AVENUE F NE  
City-St-Zip: WINTER HAVEN, FL 33881

Title: D (X) Change ( ) Addition  
Name: THOMAS, WEDEKIND  
Address: 11254 58TH STREET NORTH  
City-St-Zip: PINELLAS PARK, FL 33782

Title: D ( ) Change (X) Addition  
Name: JERRY, THOMPSON  
Address: 1565 STATE STREET  
City-St-Zip: SARASOTA, FL 34230

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: R. THOMAS RIGGS

CD

04/28/2004

Electronic Signature of Signing Officer or Director

Date

RICHARD BROWN, DIRECTOR  
4612 NORTH 56TH STREET  
TAMPA, FL 33612