

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004863

FILED
Jan 16, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

New Mailing Address:

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
719 US HIGHWAY 301 SOUTH
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: T () Delete
Name: HAMILTON, NANCY
Address: 6655 66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

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

Title: D () Delete
Name: LEONARDO, DOUGLAS
Address: P.O. BOX 428
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D () Delete
Name: MACMATH, GARY
Address: P.O. BOX 11389
City-St-Zip: ST. PETERSBURG, FL 33733

Title: D () Delete
Name: RUIZ, MARY
Address: 391 SIXTH AVENUE WEST
City-St-Zip: BRADENTON, FL 34206

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: D (X) Change () Addition
Name: FICQUETTE, BETH
Address: 305 SOUTH HYDE PARK AVENUE
City-St-Zip: TAMPA, FL 33606

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

Title: S (X) Change () Addition
Name: BRITT TOMLIN, LORI
Address: 1090 US HIGHWAY 17 SOUTH
City-St-Zip: BARTOW, FL 33803

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LINDA MCKINNON

CEO

01/16/2009

Electronic Signature of Signing Officer or Director

Date