2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N97000004863

City-St-Zip:

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

FILED Mar 26, 2003 Secretary of State

Current Principal Place of Business:			New Pr	New Principal Place of Business:		
4630 NORT TAMPA, FL	TH 56TH STRE 33610	ET				
Current Mailing Address:				New Mailing Address:		
4630 NORTH 56TH STREET TAMPA, FL 33610						
FEI Number:	59-3467610	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
GREENBAUM, JOHN L MR. 4630 NORTH 56TH STREET TAMPA, FL 33610			4630 No	MCKINNON, LINDA 4630 NORTH 56TH STREET TAMPA, FL 33610		
The above in the State		ubmits this statement for the pur	pose of changir	ig its register	ed office or registered agent, or both,	
SIGNATURE: LINDA MCKINNON				03/26/2003		
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:				ONS/CHANG	SES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CD () E JANES, WILLIAM 4422 E COLUMB TAMPA, FL 3360	US DR	Title: Name: Address: City-St-Zi		TH 56TH STREET	
Title: Name: Address: City-St-Zip:	D () ERIHN, ROBERT P.O. BOX DRAW WINTER HAVEN,		Title: Name: Address: City-St-Zi		(X) Change()Addition . THOMAS ITH BELCHER ROAD, SUITE 200 .TER, FL 33764	
Title: Name: Address: City-St-Zip:	SD () E RUIZ, MARY 391 6TH AVE W BRADENTON, FL	Delete . 34205	Title: Name: Address: City-St-Zi	12512 BR	(X) Change()Addition ROWN, MARSHA UCE B DOWNS BOULEVARD L 33612	
Title: Name: Address: City-St-Zip:	TD ()E BROWN, RICHAR 4612 N 56TH ST TAMPA, FL 3361		Title: Name: Address: City-St-Zi	TD DAIRE, BA PO BOX 1 p: ST PETER		
Title: Name: Address:	()	Delete	Title: Name: Address:	D RIHN, ROI 4683 EAS	() Change (X) Addition BERT T COUNTY ROAD 540A	

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.

City-St-Zip: LAKELAND, FL 33813

SIGNATURE: RICHARD BROWN CD 03/26/2003