

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703211

Entity Name: SMA BEHAVIORAL HEALTH SERVICES, INC.**Current Principal Place of Business:**1220 WILLIS AVE
BOX 60
DAYTONA BEACH, FL 32114-2810**Current Mailing Address:**1220 WILLIS AVE
BOX 60
DAYTONA BEACH, FL 32114-2810 US**FEI Number:** 59-0976866**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMPSON, SCOTT ESQ
595 W. GRANADA BLVD., STE. A
ORMOND BEACH, FL 32174 US*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

Officer/Director Detail :

Title	T
Name	SERBOUSEK, TED
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

Title	CHAIRMAN
Name	UPCHURCH, ROSARIA C
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

Title	VC
Name	RITCHEY, CONNIE
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

Title	CEO
Name	BELL, WILLIAM C
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

Title	CFO
Name	COSIMI, IVAN
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

Title	SECRETARY
Name	ROSE, JAMES
Address	1220 WILLIS AVE BOX 60
City-State-Zip:	DAYTONA BEACH FL 32114-2810

I hereby 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 all other like empowered.

SIGNATURE: IVAN COSIMI

CFO

01/28/2014

Electronic Signature of Signing Officer/Director Detail

Date