

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 10, 2014
Secretary of State
CC3911371046

Entity Name: FOUR SEASONS BEHAVIORAL HEALTH COLLABORATIVE, INC.

Current Principal Place of Business:

4612 NORTH 56TH ST
TAMPA, FL 33610

Current Mailing Address:

4612 NORTH 56TH ST
TAMPA, FL 33610

FEI Number: 27-4633878

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, RICHARD E
4612 NORTH 56TH ST
TAMPA, FL 33610 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 D
Name BROWN, MARSHA LEWIS
Address 12512 BRUCE B DOWNS BLVD
City-State-Zip: TAMPA FL 33612

Title D
Name BROWN, RICHARD E
Address 4612 NORTH 56TH ST
City-State-Zip: TAMPA FL 33610

Title D
Name RUTHERFORD, JOE
Address 5707 N 22ND ST
City-State-Zip: TAMPA FL 33610

Title D
Name ULREY, MARY LYNN
Address 4422 E COLUMBUS DR
City-State-Zip: TAMPA FL 33605

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: RICHARD E. BROWN

D

01/10/2014

Electronic Signature of Signing Officer/Director Detail

Date