2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

Current Mailing Address:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

FEI Number: 59-3467610

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCKINNON, LINDA
719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619 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	VC
Name	GADD, RAY
Address	7227 LAND O' LAKES BLVD.
City-State-Zip:	LAND O' LAKES FL 34638

Title	CHAIRMAN
Name	LATIMER, CRAIG
Address	601 E. KENNEDY BLVD.
City-State-Zip:	TAMPA FL 33602

Title	TREASURER
Name	O'NEIL, PAULA
Address	7530 LITTLE ROAD
City-State-Zip:	NEW PORT RICHEY FL 34667

Title	DIRECTOR
Name	ARNALL, ANN
Address	2440 THOMPSON STREET
City-State-Zip:	FORT MYERS FL 33901

Title	DIRECTOR
Name	MERSON, WENDY
Address	11300 US HIGHWAY 19 N.
City-State-Zip:	CLEARWATER FL 33764

Title	S
Name	TURNBAUGH, JUDITH
Address	3845 SIENA LANE
City-State-Zip:	PALM HARBOR FL 34685

Title	PRESIDENT
Name	MCKINNON, LINDA
Address	719 S. US HIGHWAY 301
City-State-Zip:	TAMPA FL 33619

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: LINDA MCKINNON PRESIDENT 01/10/2014

Electronic Signature of Signing Officer/Director Detail — Date