

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000004863

**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:**DAVIDSON, ALAN  
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: ALAN DAVIDSON****01/09/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           DILLINGER, JOSH  
Address        7416 MONIKA MANOR DRIVE  
City-State-Zip: TAMPA FL 33625

Title           SECRETARY  
Name           AVILA, VICTOR  
Address        100 N. TAMPA ST. STE. 3400  
City-State-Zip: TAMPA FL 33602

Title           VC  
Name           JOHNSON, AYESHA DR.  
Address        719 S US HIGHWAY 301  
City-State-Zip: TAMPA FL 33619

Title           CHAIRMAN  
Name           LATIMER, CRAIG  
Address        601 E. KENNEDY BLVD.  
                  16TH FLOOR  
City-State-Zip: TAMPA FL 33602

Title           PRESIDENT  
Name           DAVIDSON, ALAN  
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: DAVIDSON, ALAN****PRESIDENT & CEO****01/09/2024**

Electronic Signature of Signing Officer/Director Detail

Date