

**2013 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: Yes****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	P
Name	NIXON, ROBERT
Address	14158 FENNSBURY DRIVE
City-State-Zip:	TAMPA FL 33624

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

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

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

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

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

*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: DR. ROBERT NIXON****PRESIDENT****01/31/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date