

**2018 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:**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            TREASURER  
Name            LUMPEE, PAUL LARRY  
Address        723 FAYETTE PLACE  
City-State-Zip: LUTZ FL 33549

Title            CHAIRMAN  
Name            GADD, RAY  
Address        7227 LAND O'LAKES BLVD.  
City-State-Zip: LAND O'LAKES FL 34638

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

Title            VC  
Name            REYNOLDS, CLARA  
Address        ONE CRISIS CENTER PLAZA  
City-State-Zip: TAMPA FL 33613

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

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

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 / CEO****01/22/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date