

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141028

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.

FILED
Mar 04, 2015
Secretary of State
CC2567865882

Current Principal Place of Business:

8906 BRITTANY WAY
TAMPA, FL 33619

Current Mailing Address:

240 CORPORATE BLVD.
NORFOLK, VA 23502

FEI Number: 20-1847098

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 DIRECTOR/SECRETARY
Name LABARTA, MARGARITA
Address 4800 SW 13TH ST.
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR/TREASURER
Name CHERRY, JON T
Address 2020 TALLY ROAD
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name LEE, KAREN
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name COWART, TIMOTHY
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619-4306

Title PRESIDENT
Name FLOWE, ROBERT C
Address 240 CORPORATE BLVD.
City-State-Zip: NORFOLK VA 23502

Title VP
Name RISKU, DANIEL M
Address 240 CORPORATE BLVD.
City-State-Zip: NORFOLK VA 23502

Title ASSISTANT SECRETARY
Name WHITE, REBECCA H
Address 240 CORPORATE BLVD.
City-State-Zip: NORFOLK VA 23502

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT C FLOWE

PRESIDENT

03/04/2015

Electronic Signature of Signing Officer/Director Detail

Date