

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000141028

**Entity Name:** NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.

**FILED**  
**Apr 27, 2020**  
**Secretary of State**  
**1506892811CC**

**Current Principal Place of Business:**

1400 CROSSWAYS BLVD SUITE 101  
CHESAPEAKE, VA 23320

**Current Mailing Address:**

1400 CROSSWAYS BLVD SUITE 101  
CHESAPEAKE, VA 23320 US

**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	VICE PRESIDENT	Title	TREASURER, DIRECTOR
Name	RISKU, DANIEL M	Name	CHERRY, JON
Address	200 STATE STREET SUITE 302	Address	1400 CROSSWAYS BLVD SUITE 101
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	CHESAPEAKE VA 23320
Title	SECRETARY, DIRECTOR	Title	DIRECTOR, PRESIDENT
Name	LABARTA, MARGARITA	Name	FLOWE, ROBERT
Address	1400 CROSSWAYS BLVD SUITE 101	Address	1400 CROSSWAYS BLVD SUITE 101
City-State-Zip:	CHESAPEAKE VA 23320	City-State-Zip:	CHESAPEAKE VA 23320
Title	DIRECTOR	Title	DIRECTOR
Name	RISKU, DANIEL M	Name	LEE, KAREN
Address	200 STATE STREET SUITE 302	Address	1400 CROSSWAYS BLVD SUITE 101
City-State-Zip:	BOSTON MA 02109	City-State-Zip:	CHESAPEAKE VA 23320

*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: DANIEL M RISKU**

**VICE PRESIDENT**

**04/27/2020**

Electronic Signature of Signing Officer/Director Detail

Date