

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141028

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS, INC.

FILED
Apr 17, 2019
Secretary of State
7313471344CC

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 SECRETARY
Name RISKU, DANIEL M
Address 200 STATE STREET SUITE 302
City-State-Zip: BOSTON MA 02109

Title TREASURER
Name CHERRY, JON
Address 1400 CROSSWAYS BLVD SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

Title SECRETARY
Name LABARTA, MARGARITA
Address 1400 CROSSWAYS BLVD SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

Title DIRECTOR, PRESIDENT
Name FLOWE, ROBERT
Address 1400 CROSSWAYS BLVD SUITE 101
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

SECRETARY

04/17/2019

Electronic Signature of Signing Officer/Director Detail

Date