

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000141028

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

**FILED**  
**Mar 03, 2017**  
**Secretary of State**  
**CC8852379867**

**Current Principal Place of Business:**

240 CORPORATE BLVD.  
NORFOLK, VA 23502

**Current Mailing Address:**

240 CORPORATE BLVD.  
NORFOLK, VA 23502

**FEI Number: 20-1847098**

**Certificate of Status Desired: Yes**

**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        240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

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: DANIEL M. RISKU**

**VICE PRESIDENT**

**03/03/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date