

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703211

FILED
Jun 24, 2009
Secretary of State

Entity Name: SMA BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

1220 WILLIS AVE
DAYTONA BEACH, FL 321142810

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVE
DAYTONA BEACH, FL 321142810

New Mailing Address:

FEI Number: 59-0976866 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SIMPSON, SCOTT ESQ
595 W. GRANADA BLVD., STE. A
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: MR () Delete
Name: FOXMAN, S. JAMES
Address: 124 RIVERSIDE
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MR () Delete
Name: STONE, RICK
Address: 290 PARRULLI DRIVE
City-St-Zip: ORMOND BEACH, FL 32174

Title: MS () Delete
Name: CORBYONS, MARIAN
Address: 325 LAKE WINNEMISSETT DRIVE
City-St-Zip: DELAND, FL 32734

Title: MR () Delete
Name: LENNARTZ, JOSEPH
Address: 1219 DUNN AVENUE
City-St-Zip: DAYTONA BEACH, FL 32114

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MR (X) Change () Addition
Name: GURTIS, ANDREW
Address: 1801 W. INTERNATIONAL SPEEDWAY BLVD.
City-St-Zip: DAYTONA BEACH, FL 32114

Title: MS (X) Change () Addition
Name: UPCHURCH, ROSARIA
Address: 7 BROADRIVER ROAD
City-St-Zip: ORMOND BEACH, FL 32174

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: IVAN COSIMI

CFO

06/24/2009

Electronic Signature of Signing Officer or Director

Date