

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 703211

FILED
Jan 09, 2012
Secretary of State

Entity Name: SMA BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

1220 WILLIS AVE
BOX 60
DAYTONA BEACH, FL 321142810 US

New Principal Place of Business:

Current Mailing Address:

1220 WILLIS AVE
BOX 60
DAYTONA BEACH, FL 321142810 US

New Mailing Address:

FEI Number: 59-0976866

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: C
Name: GURTIS, ANDREW
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

Title: T
Name: SERBOUSEK, TED
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

Title: VC
Name: UPCHURCH, ROSARIA
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

Title: S
Name: RITCHEY, CONNIE
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CEO
Name: BELL, WILLIAM C
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

Title: CFO
Name: COSIMI, IVAN
Address: C/O 1220 WILLIS AVE, BOX 60
City-St-Zip: DAYTONA BEACH, FL 32114

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

SIGNATURE: IVAN COSIMI

CFO

01/09/2012

Electronic Signature of Signing Officer or Director

Date