2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007
Secretary of State

DOCUMENT# 714950

Entity Name: CHARLOTTE BEHAVIORAL HEALTH CARE, INC.

Current Principal Place of Business:

1700 EDUCATION AVENUE
PUNTA GORDA, FL 33950

New Principal Place of Business:

Current Mailing Address:

1700 EDUCATION AVENUE
PUNTA GORDA, FL 33950

New Mailing Address:

FEI Number: 59-1234922 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GLYNN, JAY CEO
1700 EDUCATION AVE
PUNTA GORDA, FL 33950 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:	D	( ) Delete
Name:	KING, SANDRA P	
Address:	1500 ACLINE RD	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	SIFRIT, ROBERT	
Address:	19031 MCGRATH CIRCLE	
City-St-Zip:	PORT CHARLOTTE, FL 33948	
Title:	D	( ) Delete
Name:	DAVENPORT, JOHN	
Address:	25500 AIRPORT ROAD	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	D	( ) Delete
Name:	LANG, MARGARET C	
Address:	115 S E GRAHAM STREET	
City-St-Zip:	PORT CHARLOTTE, FL 33952	
Title:	D	( ) Delete
Name:	JASICA, RAYMOND A	
Address:	1640-21 ATARES DR	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:	M	( ) Delete
Name:	GLYNN, JAY,	
Address:	1700 EDUCATION AVE	
City-St-Zip:	PUNTA GORDA, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	O	(X) Change ( ) Addition
Name:	DIEDRICK, MELINDA	
Address:	1190 W. MARION AVE.	
City-St-Zip:	PUNTA GORDA, FL 33950	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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: MELINDA DIEDRICK O 04/09/2007

Electronic Signature of Signing Officer or Director — Date