

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714950

FILED
Jan 09, 2009
Secretary of State

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: P () Delete
Name: CRONIN, MICHAEL B
Address: 19569 BENT OAK COURT
City-St-Zip: PORT CHARLOTTE, FL 33948

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

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

Title: D (X) Change () Addition
Name: WOTITZKY, EDWARD ESQ
Address: 109 TAYLOR ST, SUITE 12
City-St-Zip: PUNTA GORDA, FL 33950

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

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

Title: VP (X) Change () Addition
Name: WIDMEYER, DONNA
Address: 1445 EDUCATION WAY
City-St-Zip: PORT CHARLOTTE, FL 33948

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: MICHAEL CRONIN

P

01/09/2009

Electronic Signature of Signing Officer or Director

Date