

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 714950

FILED
Jan 04, 2010
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
Name: STEWART, LARRY
Address: 1135 SOCORRO DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: D
Name: SIFRIT, ROBERT
Address: 19031 MCGRATH CIRCLE
City-St-Zip: PORT CHARLOTTE, FL 33948

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

Title: D
Name: LANG, MARGARET C
Address: 115 S E GRAHAM STREET
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: D
Name: JASICA, RAYMOND A
Address: 1640-21 ATARES DR
City-St-Zip: PUNTA GORDA, FL 33950

Title: VP
Name: BROWN, JEFF
Address: 366 EAST OLYMPIA AVE.
City-St-Zip: PUNTA GORDA, FL 33950

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: WILLIAM A. JAMES

CFO

01/04/2010

Electronic Signature of Signing Officer or Director

Date