2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# 718323

Entity Name: CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

1300 NW 6TH ST.
GAINESVILLE, FL 326019222

New Principal Place of Business:

Current Mailing Address:

1300 NW 6TH ST.
GAINESVILLE, FL 326019222

New Mailing Address:

FEI Number: 59-1435252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JAMES F. PEARCE
1300 NW 6TH ST
GAINESVILLE, FL 32601 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:	PBD	( ) Delete
Name:	LANE, THOMAS H JR	
Address:	14 NE 1ST STREET	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	VPBD	( ) Delete
Name:	AUSTIN, MITZI	
Address:	P.O. BOX 23109	
City-St-Zip:	GAINESVILLE, FL 32602	
Title:	M	( ) Delete
Name:	PEARCE, JAMES F.	
Address:	1300 NW 6TH ST	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	TBD	( ) Delete
Name:	JOHNSON, RANDY	
Address:	116 NW 116TH AVE	
City-St-Zip:	GAINESVILLE, FL 32601	
Title:	SBD	( ) Delete
Name:	CRAPPS, DANIEL	
Address:	2806 W US HWY 90, SUITE 101	
City-St-Zip:	LAKE CITY, FL 32055	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: SAMUEL CLARK COO 01/21/2009
Electronic Signature of Signing Officer or Director — Date