

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718323

FILED  
Apr 18, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1218 N.W. 6TH ST.  
GAINESVILLE, FL 32601

**New Principal Place of Business:**

**Current Mailing Address:**

1218 N.W. 6TH ST.  
GAINESVILLE, FL 32601

**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  
1218 NW 6TH ST  
GAINESVILLE, FL F32601 US

**Name and Address of New Registered Agent:**

JAMES F. PEARCE  
3615 SW 13TH STREET  
SUITE 2  
GAINESVILLE, FL F32608 US

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:

04/18/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PBD  
Name: LANE, THOMAS H JR  
Address: 3201 SW 42ND ST.SUITE 2  
City-St-Zip: GAINESVILLE, FL 32608

Title: SBD  
Name: HUNT, BECKY  
Address: 4001 SW 13TH STREET  
City-St-Zip: GAINESVILLE, FL 32608

Title: M  
Name: PEARCE, JAMES F.  
Address: 3615 SW 13TH STREET SUITE 2  
City-St-Zip: GAINESVILLE, FL 32608

Title: TBD  
Name: JOHNSON, RANDY  
Address: 116 NW 16TH AVE  
City-St-Zip: GAINESVILLE, FL 32601

Title: VPBD  
Name: CRAPPS, DANIEL  
Address: 2806 W US HWY 90, SUITE 101  
City-St-Zip: LAKE CITY, FL 32055

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: JAMES F. PEARCE

CEO

04/18/2011

Electronic Signature of Signing Officer or Director

Date