

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718323

FILED
Apr 09, 2012
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
3615 SW 13TH STREET
SUITE 2
GAINESVILLE, FL F32608 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
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: JIM PEARCE

CEO

04/09/2012

Electronic Signature of Signing Officer or Director

Date