

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721283

FILED
Feb 16, 2009
Secretary of State

Entity Name: BAYCARE BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVE
NEW PT RICHEY, FL 34653 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 428
NEW PORT RICHEY, FL 346560428 US

New Mailing Address:

FEI Number: 59-1371752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TORRENCE, ALFRED W. JR.
6645 RIDGE ROAD
PORT RICHEY, FL 34668 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: CD () Delete
Name: CHESNUT, PHILIP
Address: 6331 GARLAND CT
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: NORRIS, DONNA D
Address: 13288 DRYSDALE ST
City-St-Zip: SPRING HILL, FL 34609

Title: VCD () Delete
Name: BARNETT, BEVERLY
Address: 6220 MISSOURI AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: GRAVES, ROGER
Address: 3004 BRADFORD CIR
City-St-Zip: PALM HARBOR, FL 34685

Title: TD () Delete
Name: HELIE, KING
Address: 3707 CORSAIR COURT
City-St-Zip: NEW PORT RICHEY, FL

Title: D () Delete
Name: ANDERSON, JANET
Address: HERNANDO CTY SHERR. OFF. POB 10070
City-St-Zip: BROOKSVILLE, FL 35603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: DOUG LEONARDO

D

02/16/2009

Electronic Signature of Signing Officer or Director

Date