

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 721283

FILED  
Feb 25, 2011  
Secretary of State

**Entity Name:** BAYCARE BEHAVIORAL HEALTH, INC.

**Current Principal Place of Business:**

7809 MASSACHUSETTS AVE  
NEW PORT RICHEY, FL 34653 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 428  
NEW PORT RICHEY, FL 34656 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.  
6709 RIDGE ROAD, SUITE 106  
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  
**Name:** CHESNUT, PHILIP H  
**Address:** 6331 GARLAND CT  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** D  
**Name:** BUTLER, BILL  
**Address:** 5206 BAYSHORE BLVD  
**City-St-Zip:** TAMPA, FL 33611 US

**Title:** VCD  
**Name:** BARNETT, BEVERLY  
**Address:** 7327 BURNS POINT CIRCLE  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** SD  
**Name:** TORRENCE, ALFRED W JR.  
**Address:** 6709 RIDGE ROAD, SUITE 106  
**City-St-Zip:** PORT RICHEY, FL 34668 US

**Title:** TD  
**Name:** HELIE, KING  
**Address:** 3707 CORSAIR COURT  
**City-St-Zip:** NEW PORT RICHEY, FL 34652 US

**Title:** D  
**Name:** LEONARDO, DOUG  
**Address:** 7809 MASSACHUSETTS AVENUE  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US

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:** DOUG LEONARDO

D

02/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date