2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2012
Secretary of State

DOCUMENT# 721283

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:

7809 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653 US

Current Mailing Address:

PO BOX 428
NEW PORT RICHEY, FL 34656 US

New Mailing Address:

P.O. BOX 428
NEW PORT RICHEY, FL 34656 US

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:

MCMULLEN, JEFFREY
7809 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653 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: JEFFREY MCMULLEN 03/29/2012
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: CD
Name: CHESNUT, PHILIP H
Address: 6331 GARLAND COURT
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: VCD
Name: BARNETT, BEVERLY
Address: 6709 RIDGE ROAD, SUITE 106
City-St-Zip: PORT RICHEY, FL 34668 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: TREMONTI, CARL
Address: 7809 MASSACHUSETTS AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34653 US

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

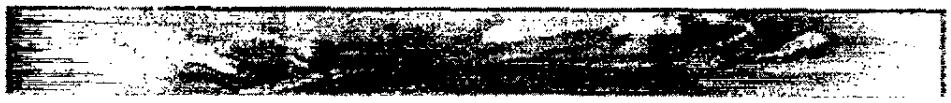
I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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 CEO 03/29/2012
Electronic Signature of Signing Officer or Director Date

721283
3-29-12

Toner, Sean

From: Ulrey, Debora <Debora.Ulrey@baycare.org>
Sent: Thursday, March 29, 2012 10:22 AM
To: Toner, Sean
Subject: *Annual Report Document #721283*



I was given your name to send information regarding the names and addresses of directors for which there wasn't enough room in the online format for our annual report for Baycare Behavioral Health, Inc., Document #721283. They are as follows:

- D – Gail Ryder, 7809 Massachusetts Avenue, New Port Richey, FL, 34653
- D – Bill Butler, 5206 Bayshore Boulevard, Tampa, FL, 33611
- D – John Foster, 4202 Water Oaks Lane, Tampa, FL, 33618
- D – Stephen Haire, MD, 7809 Massachusetts Avenue, New Port Richey, FL 34653

My confirmation number for filing this year is 600226623286. Please let me know if there is anything further needed to update these board members to our current list. Thanks so much.

Debi Ulrey

Finance, Baycare Behavioral Health Services
(727) 841-4207, ext 226
(727) 841-4472 FAX
Debi.Ulrey@baycare.org
www.baycare.org/behavioralhealth

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