

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725154

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** COASTAL BEHAVIORAL HEALTHCARE, INC.

**Current Principal Place of Business:**

1565 STATE STREET  
SARASOTA, FL 34236 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1599  
SARASOTA, FL 34230 US

**New Mailing Address:**

**FEI Number:** 59-1432136

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

THOMPSON, JERRY W DR.  
1565 STATE STREET.  
SARASOTA, FL 34230 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: C ( ) Delete  
Name: WOODS, JIM DR  
Address: 609 MADRID AVE  
City-St-Zip: VENICE, FL 34285 US

Title: T ( ) Delete  
Name: DUNN, TED  
Address: 1617 S TUTTLE AVE 2A  
City-St-Zip: SARASOTA, FL 34239 US

Title: D ( ) Delete  
Name: ALLAN, JIM  
Address: 1549 RINGLING BLVD  
City-St-Zip: SARASOTA, FL 34236 US

Title: PCEO ( ) Delete  
Name: THOMPSON, JERRY W DR.  
Address: 1565 STATE STREET  
City-St-Zip: SARASOTA, FL 34236 US

Title: D ( ) Delete  
Name: KRIESMAN, NORMAN  
Address: 7935 WOODPOINT CIR.  
City-St-Zip: SARASOTA, FL 34238

Title: CFO ( ) Delete  
Name: RADCLIFFE, JOANNE  
Address: 1565 STATE STREET  
City-St-Zip: SARASOTA, FL 34236 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: S (X) Change ( ) Addition  
Name: GISSAL, TIM  
Address: 1960 LANDINGS BLVD  
City-St-Zip: SARASOTA, FL 34231 US

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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 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: JOANNE RADCLIFFE

CFO

01/04/2007

Electronic Signature of Signing Officer or Director

Date