

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725154

FILED
Jan 14, 2009
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: MELLOR, CORD
Address: 13801 TAMiami TRAIL
City-St-Zip: NORTH PORT, FL 34287 US

Title: VC () Delete
Name: GISSAL, TIM
Address: 1960 LANDINGS BLVD
City-St-Zip: SARASOTA, FL 34231 US

Title: D () Delete
Name: ALLAN, JIM
Address: 1547 NAPOLI DRIVE
City-St-Zip: SARASOTA, FL 34232 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 CT
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: () Change () Addition
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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: JOANNE RADCLIFFE

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date