2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 725154

FILED Jan 07, 2010 Secretary of State

Entity Name: COASTAL BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business: New Principal Place of Business:

1565 STATE STREET SARASOTA, FL 34236 US

Current Mailing Address: New Mailing Address:

P. O. BOX 1599

SARASOTA, FL 34230 US

FEI Number: 59-1432136 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

THOMPSON, JERRY W DR. 1565 STATE STREET. SARASOTA, FL 34230

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:

DONOGHUE, JACK Name:

Address: 15121 TAMIAMI TRAIL SOUTH City-St-Zip: NORTH PORT, FL 34287 US

Title:

Name: GISSAL, TIM

Address: 1960 LANDINGS BLVD City-St-Zip: SARASOTA, FL 34231 US

Title:

ALLAN, JIM Name:

1547 NAPOLI DRIVE Address: City-St-Zip: SARASOTA, FL 34232 US

Title: **PCEO**

Name: THOMPSON, JERRY W DR. Address: 1565 STATE STREET

City-St-Zip: SARASOTA, FL 34236 US

Title:

KRIESMAN, NORMAN Name: 7935 WOODPOINT CT Address: City-St-Zip: SARASOTA, FL 34238

Title:

RADCLIFFE, JOANNE Name: Address: 1565 STATE STREET SARASOTA, FL 34236 US City-St-Zip:

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: JOANNE RADCLIFFE **CFO** 01/07/2010