


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90335 034 \*\*\*\*61.25

<b>DOCUMENT # 764399</b>	
1. Entity Name <b>CLAY BEHAVIORAL HEALTH CENTER, INC.</b>	

Principal Place of Business <b>3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068</b>	Mailing Address <b>3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>1726 Kingsley Avenue Suite 2</b>
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City & State	City & State <b>Orange Park, FL</b>
Zip	Zip <b>32073</b>



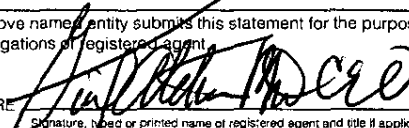
04262004 Chg-NP CR2E037 (10/03)

6. Name and Address of Current Registered Agent <b>ATCHISON, GAIL 3292 COUNTY ROAD 220 MIDDLEBURG, FL 32068</b>	
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4. FEI Number <b>59-2219317</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	<b>FL</b> Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	<b>Gail Atchison, Ph.D. - CEO</b> <b>4/27/04</b>

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PBOD LINDER, BETH 2289 EMILY'S WAY GREEN COVE SPRINGS, FL 32043</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VBOD ANDERSON, GERALD W 2099 WINTERBOURNE DRIVE, UNIT 208 ORANGE PARK, FL 32073</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SBOD SEWELL, CAROLYN 2629 EAGLE BAY DRIVE ORANGE PARK, FL 32073</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Additions</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>and</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Changes</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2 Attached</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE:</b> 	<b>Atchison, Ph.D. - CEO</b>	<b>4/27/04</b>	<b>904-278-5644</b>
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*Attachment* #764399  
ITEM # 11 – CORRECTIONS AND ADDITIONS – CLAY BEHAVIORAL HEALTH CENTER INC

CORRECTIONS: BOARD OF DIRECTORS

CHAIRPERSON  
REV. JERRY ANDERSON  
2099 WINTERBOURNE DRIVE, UNIT 208  
ORANGE PARK, FL 32073

ADDITIONS: BOARD OF DIRECTORS

VICE CHAIR  
SIMMONS, WILLIAM  
1828 NORTH GLEN CIRCLE  
MIDDLEBURG, FL 32068

SECRETARY  
KIRKMAN, BARBARA  
1837 COLONIAL DRIVE  
GREEN COVE SPRINGS, FL 32043

JETT, JAMES  
1550 CHAIN FERN WAY  
ORANGE PARK, FL 32003

JACKSON, MAUDE B  
2774 BURROUGHS ROAD  
MIDDLEBURG, FL 32068

WILSON, BOB  
P.O. BOX 1366  
GREEN COVE SPRINGS, FL 32043

ADDITIONS: COMPANY OFFICERS

CHIEF EXECUTIVE OFFICER  
ATCHISON, GAIL Ph.D.  
1747 OCEAN GROVE DRIVE  
ATLANTIC BEACH, FL 32233

CHIEF FINANCIAL OFFICER  
PARKER, JENNIFER  
574 BOWIE BOULEVARD  
ORANGE PARK, FL 32073

VICE PRESIDENT OF OPERATIONS  
PEYTON, KAREN  
3355 PENNY LANE  
MIDDLEBURG, FL 32068

VICE PRESIDENT OF OUTPATIENT SERVICES  
LATNEY, HERB  
8300 OLD KINGS ROAD  
JACKSONVILLE, FL 32217

VICE PRESIDENT OF COMMUNITY BASED SERVICES  
TOTO, IRENE  
2265 POST STREET  
JACKSONVILLE, FL 32204