2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2012
Secretary of State

DOCUMENT# 764399

Entity Name: CLAY BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business:

3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068

New Principal Place of Business:

Current Mailing Address:

1726 KINGSLEY AVE
STE 2
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 59-2219317 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TOTO, IRENE M
3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068 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
Name: SIMMONS, WILLIAM
Address: 1828 NORTH GLEN CIRCLE
City-St-Zip: MIDDLEBURG, FL 32068

Title: D
Name: BECTON, DANIEL
Address: 2408 GOLDEN BELL LANE
City-St-Zip: ORANGE PARK, FL 32003

Title: D
Name: JACKSON, MAUDE
Address: 2774 BURROUGHS ROAD
City-St-Zip: MIDDLEBURG, FL 32068

Title: VC
Name: JETT, JAMES
Address: 1550 CHAIN FERN WAY
City-St-Zip: ORANGE PARK, FL 32003

Title: CEO
Name: TOTO, IRENE LMHC
Address: 8368 CINNAMON CT
City-St-Zip: JACKSONVILLE, FL 32244

Title: VP
Name: SWATHWOOD, TINA
Address: 1826 CREEKBANK DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

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: IRENE TOTO CEO 01/17/2012

Electronic Signature of Signing Officer or Director Date