


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

FILED  
1) Feb 20, 2007 8:00 am  
Secretary of State

01-26-2007 90037 019 \*\*\*150.00

**DOCUMENT # F06000000333**

1. Entity Name  
**CENTRAL FLORIDA BEHAVIORAL HOSPITAL, INC.**



Principal Place of Business      Mailing Address  
367 SOUTH GULPH ROAD      367 SOUTH GULPH ROAD  
KING OF PRUSSIA, PA 19406      KING OF PRUSSIA, PA 19406

2. Principal Place of Business - No P.O. Box #      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



01082007      Chg-P      CR2E034 (12/06)

4. Fee Number 30-4888271      Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_

City \_\_\_\_\_ **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reissuing) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME	DV OSTEEN, DEBRA K	<input type="checkbox"/> Delete
STREET ADDRESS	367 SOUTH GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	DT FILTON, STEVE	<input type="checkbox"/> Delete
STREET ADDRESS	367 SOUTH GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	P MILLER, ALAN B	<input type="checkbox"/> Delete
STREET ADDRESS	367 SOUTH GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME	S BRUCE, GILBERT R	<input type="checkbox"/> Delete
STREET ADDRESS	367 SOUTH GULPH ROAD	
CITY-ST-ZIP	KING OF PRUSSIA, PA 19406	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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.

SIGNATURE: Debra K Osteen      Bruce R Gilbert      1/10/07      6107683300

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR      Date      Daytime Phone #