

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 05, 2012
Secretary of State

Entity Name: MILLENNIUM BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 US

Current Mailing Address:

P. O. BOX 19249
JACKSONVILLE, FL 32245

New Mailing Address:

P. O. BOX 19249
JACKSONVILLE, FL 32245 US

FEI Number: 59-3742737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOMMERS, ROBERT A PHD
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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: DC
Name: JOHNSON, HENRY JR
Address: 8933 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257 US

Title: DVC
Name: LOAR, KENTON MBA
Address: 445 ENCLAVE PLACE, UNIT 445
City-St-Zip: LAKELAND, FL 33803 US

Title: DP
Name: SOMMERS, ROBERT A PHD
Address: 10550 DEERWOOD PARK BOULEVARD, STE. 600
City-St-Zip: JACKSONVILLE, FL 32256 US

Title: DTS
Name: GREGORY, E C
Address: 12874 DUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225 US

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: ROBERT A. SOMMERS

PRES

01/05/2012

Electronic Signature of Signing Officer or Director

Date