2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2004
Secretary of State

DOCUMENT# N02000000146

Entity Name: COMMUNITY CARE FAMILY BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

6231 AVENTURA DRIVE
SARASOTA, FL 34241

New Principal Place of Business:

725 NORTH 12 TH AVE
ARCADIA, FL 34266

Current Mailing Address:

6231 AVENTURA DRIVE
SARASOTA, FL 34241

New Mailing Address:

725 NORTH 12TH AVENUE
ARCADIA, FL 34266

FEI Number: 60-0002157 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CETIN, KEN
6231 AVENTURE DR.
SARASOTA, FL 34241 US

Name and Address of New Registered Agent:

CETIN, KEN
6231 AVENTURA DRIVE
SARASOTA, FL 34241 US

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: 01/28/2004
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: CETIN, KEN
Address: 6231 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete
Name: CETIN, DALE
Address: 6231 AVENTURA DRIVE
City-St-Zip: SARASOTA, FL 34241

Title: TD ( ) Delete
Name: SCHHAM, REGINA
Address: 335 NORTH VOLUSIA AVE.
City-St-Zip: ARCADIA, FL 34266

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: BUCKRIDGE, MYRNA
Address: 1110 EAST GIBSON STREET
City-St-Zip: ARCADIA, FL 34266

Title: TD (X) Change ( ) Addition
Name: NICOLE SETLIFF,
Address: 1110 EAST GIBSON STREET
City-St-Zip: ARCADIA, FL 34266

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: KEN CETIN D 01/28/2004
Electronic Signature of Signing Officer or Director — Date