2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

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Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Principal Place of Business:

515 WEST MAIN ST.
LEESBURG, FL 34748

Current Mailing Address:

2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308

New Mailing Address:

P.O. BOX 491000
LEESBURG, FL 34749

FEI Number: 37-1507467 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KIRKLAND, RONALD P
2634-J CAPITAL CIRCLE NE
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

CHERRY, JON
515 WEST MAIN ST
LEESBURG, FL 34749 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: JON CHERRY 01/18/2007
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: CHERRY, JANATHAN M
Address: P.O. BOX 491000
City-St-Zip: LEESBURG, FL 347491000

Title: VPD ( ) Delete
Name: VALENTINE, VERONICA W
Address: 5776 ST AUGUSTINE ROAD
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete
Name: LABARTA, MARGARITA
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: SD ( ) Delete
Name: KIRKLAND, RONALD P
Address: 2634-J CAPITAL CIRCLE, N.E.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JON CHERRY PD 01/18/2007
Electronic Signature of Signing Officer or Director — Date