

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000009059

FILED
Jan 09, 2010
Secretary of State

Entity Name: NORTH FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

515 WEST MAIN ST.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491000
LEESBURG, FL 34749

New Mailing Address:

FEI Number: 37-1507467

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHERRY, JON
515 WEST MAIN ST
LEESBURG, FL 34749 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: PD
Name: LABARTA, MARGARITA
Address: 4300 SW 13 STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: VPD
Name: RASCO, RUSSEL
Address: 5664 SW 60 AVE
City-St-Zip: OCALA, FL 34474

Title: TD
Name: CHERRY, JONATHAN
Address: 515 W. MAIN ST
City-St-Zip: LEESBURG, FL 32748

Title: SD
Name: LEONARDO, DOUGLAS
Address: P.O. BOX 428.
City-St-Zip: NEW PORT RICHEY, FL 34656

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: JON CHERRY

PRES

01/09/2010

Electronic Signature of Signing Officer or Director

Date