


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000010651	
1. Entity Name PIONEER BEHAVIORAL HEALTH NETWORK, INC.	

Principal Place of Business 5707 NORTH 22ND STREET TAMPA, FL 33610	Mailing Address PO BOX 1559 BARTOW, FL 33831
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02082007 No Chg-NP CR2E037 (4/06)

4. FEI Number 20-1948694	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent RICE, JULIAN 5707 NORTH 22ND STREET TAMPA, FL 33610

**DO NOT WRITE
IN THIS SPACE**

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 reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARSHA L 12512 BRUCE B DOWNS BLVD TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, JULIAN 5707 NORTH 22ND STREET TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS KILEY, MARY LU 829 WOODWARD STREET LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, KATHY 200 AVENUE F NE WINTER HAVEN, FL 33881
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MARY 2916 6TH AVENUE W BRADENTON, FL 34205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, LINDA 719 US HWY 301 SOUTH TAMPA, FL 33619

**DO NOT WRITE
IN THIS SPACE**

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 617, 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:

Mary Lu Kiley *Mary Lu Kiley*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/07
Date

863.519.0575
Daytime Phone #