

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010651

FILED
Apr 29, 2008
Secretary of State

Entity Name: PIONEER BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

PO BOX 1559
BARTOW, FL 33831

New Mailing Address:

FEI Number: 20-1948694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICE, JULIAN
5707 NORTH 22ND STREET
TAMPA, FL 33610 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: D () Delete
Name: BROWN, MARSHA L
Address: 12512 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

Title: P () Delete
Name: RICE, JULIAN
Address: 5707 NORTH 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: TS () Delete
Name: KILEY, MARY LU
Address: 829 WOODWARD STREET
City-St-Zip: LAKE LAND, FL 33803

Title: D () Delete
Name: HAYES, KATHY
Address: 200 AVENUE F NE
City-St-Zip: WINTER HAVEN, FL 33881

Title: D () Delete
Name: RUIZ, MARY
Address: 2916 6TH AVENUE W
City-St-Zip: BRADENTON, FL 34205

Title: D () Delete
Name: MCKINNON, LINDA
Address: 719 US HWY 301 SOUTH
City-St-Zip: TAMPA, FL 33619

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
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City-St-Zip:

Title: () Change () Addition
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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 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: MARY LU KILEY

TS

04/29/2008

Electronic Signature of Signing Officer or Director

Date