

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000010651

FILED
Jan 06, 2012
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:

5707 NORTH 22ND STREET
TAMPA, FL 33610

New Mailing Address:

FEI Number: 20-1948694

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUTHERFORD, JOE
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
Name: BROWN, MARSHA L
Address: 12512 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

Title: P
Name: RUTHERFORD, JOE
Address: 5707 NORTH 22ND STREET
City-St-Zip: TAMPA, FL 33610

Title: D
Name: SIERRA, GIL
Address: 829 WOODWARD STREET
City-St-Zip: LAKELAND, FL 33803

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

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

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: JOE RUTHERFORD

DIR

01/06/2012

Electronic Signature of Signing Officer or Director

Date