

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001495

FILED  
Apr 05, 2008  
Secretary of State

Entity Name: CROSSROADS BEHAVIORAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

5051 CASTELLO DRIVE SUITE 207  
NAPLES, FL 34103

**New Principal Place of Business:**

5051 CASTELLO DRIVE SUITE 246  
NAPLES, FL 34103

**Current Mailing Address:**

5051 CASTELLO DRIVE SUITE 203  
NAPLES, FL 34109

**New Mailing Address:**

5051 CASTELLO DRIVE SUITE 246  
NAPLES, FL 34109

FEI Number: 20-3526333

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FINER, SONYA K  
5801 WAXMYRTLE WAY  
NAPLES, FL 34109 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: FINER, GREGORY J  
Address: 5051 CASTELLO DRIVE SUITE 207  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: FINER, SONYA K  
Address: 5051 CASTELLO DRIVE SUITE 207  
City-St-Zip: NAPLES, FL 34103

Title: D ( ) Delete  
Name: STARK, JOANNE R  
Address: 5051 CASTELLO DRIVE SUITE 207  
City-St-Zip: NAPLES, FL 34103

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: FINER, GREGORY J  
Address: 5051 CASTELLO DRIVE SUITE 246  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition  
Name: FINER, SONYA K  
Address: 5051 CASTELLO DRIVE SUITE 246  
City-St-Zip: NAPLES, FL 34103

Title: D (X) Change ( ) Addition  
Name: STARK, JOANNE R  
Address: 5051 CASTELLO DRIVE SUITE 246  
City-St-Zip: NAPLES, FL 34103

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: SONYA K FINER

D

04/05/2008

Electronic Signature of Signing Officer or Director

Date