2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001495

FILED Jan 25, 2011 Secretary of State

Entity Name: CROSSROADS BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

3903 MARTIN LUTHER KING BLVD 3903 MARTIN LUTHER KING BLVD

UNIT E UNIT E

FT MYERS, FL 33917 FT MYERS, FL 33916

Current Mailing Address: New Mailing Address:

3903 MARTIN LUTHER KING BLVD 3903 MARTIN LUTHER KING BLVD

UNIT E

FT MYERS, FL 33916

FEI Number: 20-3526333 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FINER, SONYA K
5801 WAXMYRTLE WAY

BY THE BOOK ACCOUNTING SERVICES LLC
12500 FAIRMONT DR.

NAPLES, FL 34109 US FT MYERS, FL 33913 US

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: KAREN C. SMITH 01/25/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D

UNIT E

FT MYERS, FL 33917

 Name:
 FINER, GREGORY J

 Address:
 1400 MISTY PINES CR #203

 City-St-Zip:
 FT. MYERS, FL 34105

Title: CFO

Name: SMITH, KAREN C Address: 12500 FAIRMONT DR. City-St-Zip: FT. MYERS, FL 33913

Title: SEC

Name: PEREZ, ROBERT
Address: 2302 CHRISTOPHER AVE
City-St-Zip: FT. MYERS, FL 33971

Title: VP

Name: VERNON, ROBERT

Address: 3903 MARTIN LUTHER KING BLVD SUITE E

City-St-Zip: FT. MYERS, FL 33916

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: GREGORY J. FINER D 01/25/2011