

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001495

FILED  
Sep 18, 2012  
Secretary of State

**Entity Name:** CROSSROADS BEHAVIORAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

3903 MARTIN LUTHER KING BLVD  
UNIT E  
FT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

3903 MARTIN LUTHER KING BLVD  
UNIT E  
FT MYERS, FL 33916

**New Mailing Address:**

PO BOX 110951  
NAPLES, FL 34108

**FEI Number:** 20-3526333

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BY THE BOOK ACCOUNTING SERVICES LLC  
12500 FAIRMONT DR.  
FT MYERS, FL 33913 US

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

FINER, GREGORY J  
1400 MISTY PINES CIRCLE  
203  
NAPLES, FL 34105 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: GREGORY J. FINER

09/18/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
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

CEO

09/18/2012

Electronic Signature of Signing Officer or Director

Date