

2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N05000001495

FILED
Mar 26, 2014
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:

9130 GALLERIA CT
SUITE 326
NAPLES, FL 34109

Current Mailing Address:

PO BOX 110951
NAPLES, FL 34108

New Mailing Address:

FEI Number: 20-3526333

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

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: ALCAZAR, JERRY C
Address: 9130 GALLERIA CT SUITE 326
City-St-Zip: NAPLES, FL 34109

Title: SEC
Name: MCKNEW, SHELIA
Address: 9130 GALLERIA CT SUITE 326
City-St-Zip: NAPLES, FL 34109

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

03/26/2014

Electronic Signature of Signing Officer or Director

Date