

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000007627

FILED
May 02, 2009
Secretary of State

Entity Name: PRIMECARE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

12840 BAYSTONE COURT
JACKSONVILLE, FL 32223

New Principal Place of Business:

9521 SHELLIE ROAD
JACKSONVILLE, FL 32257

Current Mailing Address:

12840 BAYSTONE COURT
JACKSONVILLE, FL 32223

New Mailing Address:

9521 SHELLIE ROAD
JACKSONVILLE, FL 32257

FEI Number: 26-0671586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADIGWEME, MARIA
12840 BAYSTONE COURT
JACKSONVILLE, FL 32223 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: MARIA ADIGWEME

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: ADIGWEME, MARIA
Address: 12840 BAYSTONE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: TD () Delete
Name: ADIGWEME, ALOY
Address: 12840 BAYSTONE COURT
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD () Delete
Name: ADIGWEME, ADAEZE
Address: 12840 BAYSTONE COURT
City-St-Zip: JACKSONVILLE, FL 32223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARIA ADIGWEME

Electronic Signature of Signing Officer or Director

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05/02/2009

Date