

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000007627

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** PRIMECARE BEHAVIORAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

9521 SHELLIE ROAD  
JACKSONVILLE, FL 32257

**New Principal Place of Business:**

9521 SHELLIE ROAD  
15  
JACKSONVILLE, FL 32257

**Current Mailing Address:**

9521 SHELLIE ROAD  
JACKSONVILLE, FL 32257

**New Mailing Address:**

9521 SHELLIE ROAD  
15  
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:**

ADIGWEME, MARIA  
9521 SHELLIE ROAD  
JACKSONVILLE, FL 32257 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: \_\_\_\_\_

04/30/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: CEOD  
Name: ADIGWEME, MARIA  
Address: 9521 SHELLIE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD  
Name: ADIGWEME, ALOY  
Address: 9521 SHELLIE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

Title: SD  
Name: ADIGWEME, ADAEZE  
Address: 9521 SHELLIE ROAD  
City-St-Zip: JACKSONVILLE, FL 32257

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: MARIA ADIGWEME

D

04/30/2010

Electronic Signature of Signing Officer or Director

Date