

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 28, 2011
Secretary of State

Entity Name: PRIMECARE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

9521 SHELLIE ROAD
15
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

9521 SHELLIE ROAD
15
JACKSONVILLE, FL 32257

New Mailing Address:

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
9521 SHELLIE ROAD
JACKSONVILLE, FL 32257 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: _____

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

04/28/2011

Electronic Signature of Signing Officer or Director

Date