## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000005442

FILED Apr 30, 2010 Secretary of State

Entity Name: PAN AMERICAN BEHAVIORAL HEALTH CORPORATION

Current Principal Place of Business: New Principal Place of Business:

1606 LADY FLIPPER CIRCLE
ORLANDO, FL 32825 US

1606 LADY SLIPPER CIRCLE
ORLANDO, FL 32825 US

ORLANDO, FL 32825 US

Current Mailing Address: New Mailing Address:

1606 LADY FLIPPER CIRCLE 1606 LADY SLIPPER CIRCLE ORLANDO, FL 32825 US ORLANDO, FL 32825 US

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

RAMIREZ, BRENDAN
1606 LADY FLIPPER CIRCLE
ORLANDO, FL 32825 US

RAMIREZ, BRENDAN
1606 LADY SLIPPER CIRCLE
ORLANDO, FL 32825 US

ORLANDO, FL 32825 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: BRENDAN E. RAMIREZ 04/30/2010

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title: PRES

Name: RAMIREZ, FREDERICK
Address: 430 W. ANNSBURY STREET
City-St-Zip: PHILADELPHIA, PA 19140 US

Title: VP

Name: RAMIREZ, BRENDAN
Address: 1606 LADY SLIPPER CIRCLE
City-St-Zip: ORLANDO, FL 32825 US

Title: DIR.

Name: ALMEA, MARIANA

Address: 1032 RADCLIFFE STREET,D-15 City-St-Zip: BRISTOL, PA 19007 US

Title: DIR.

Name: RAMIREZ, LISA

Address: 183 WIMBLETON COURT
City-St-Zip: WEST CHESTER, PA 19380 US

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: BRENDAN E. RAMIREZ VP 04/30/2010