

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000008868

FILED  
Jan 03, 2011  
Secretary of State

**Entity Name:** FOUR SEASONS BEHAVIORAL HEALTH COLLABORATIVE, INC.

**Current Principal Place of Business:**

4612 NORTH 56TH ST  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

4612 NORTH 56TH ST  
TAMPA, FL 33610

**New Mailing Address:**

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

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

BROWN, RICHARD E  
4612 NORTH 56TH ST  
TAMPA, FL 33610    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: D  
Name: BROWN, MARSHA LEWIS  
Address: 12512 BRUCE B DOWNS BLVD  
City-St-Zip: TAMPA, FL 33612

Title: D  
Name: BROWN, RICHARD E  
Address: 4612 NORTH 56TH ST  
City-St-Zip: TAMPA, FL 33610

Title: D  
Name: RUTHERFORD, JOE  
Address: 5707 N 22ND ST  
City-St-Zip: TAMPA, FL 33610

Title: D  
Name: ULREY, MARY LYNN  
Address: 4422 E COLUMBUS DR  
City-St-Zip: TAMPA, FL 33605

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: RICHARD BROWN

D

01/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date