

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49538

FILED  
Mar 24, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2392 N. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254 US

**New Principal Place of Business:**

**Current Mailing Address:**

POB 9373A  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

FEI Number: 59-3128476      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

ESTELL, REGINALD J  
505 N LIBERTY STREET  
JACKSONVILLE, FL 32202 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: TD  
Name: THOMAS, ODEAN  
Address: 8000 RAMSGATE ROAD  
City-St-Zip: JACKSONVILLE, FL 32208

Title: VD  
Name: HARLEY, NINA L  
Address: 665 RADNOR LANE  
City-St-Zip: JACKSONVILLE, FL 32221

Title: PD  
Name: HOPES, MAGDALENE B  
Address: 1664 MCMILLAN ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D  
Name: COLEMAN, CLIFTON  
Address: 12452 MISSION HILL DR. S.  
City-St-Zip: JACKSONVILLE, FL 32225

Title: D  
Name: WASHINGTON, STEWARD E  
Address: 5711 MARLIN CT  
City-St-Zip: JACKSONVILLE, FL 32211

Title: D  
Name: ESTELL, REGINALD  
Address: 505 N. LIBERTY STREET  
City-St-Zip: JACKSONVILLE, FL 32202

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: MAGDALENE B. HOPES

PD

03/24/2011

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

\_\_\_\_\_ Date