

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49538

FILED
Feb 24, 2012
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 HOPES

PD

02/24/2012

Electronic Signature of Signing Officer or Director

Date