

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 23, 2004 8:00 am
Secretary of State

08-23-2004 90021 013 ****61.25

DOCUMENT # N92000000357

1. Entity Name
FLORIDA BEHAVIORAL HEALTH, INC.



Principal Place of Business
**5707 NORTH 22ND STREET
TAMPA, FL 33610**

Mailing Address
**5707 NORTH 22ND STREET
TAMPA, FL 33610**

24080933



2. Principal Place of Business

3. Mailing Address

Peace River Center

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 1559

07152004

Chg-NP

CR2E037 (10/03)

City & State

City & State
Bartow, FL

4. FEI Number

65-0379675

Applied For

Not Applicable

Zip

Country

Zip

Country

33831

Polk

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RICE, JULIAN
5707 N 22ND ST
TAMPA, FL 33610**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BROWN, MARSHA L
12512 BRUCE B DOWNS BLVD
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LACEY, BERT
PO BOX 1559
BARTOW, FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUIZ, MARY
PO BOX 9478
BRADENTON, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RICE, JULIAN
3707 N 2ND ST
TAMPA, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYES, KATHY
200 AVENUE F NE
WINTER HAVEN, FL 33881** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCKINNON, LINDA
4630 N 56TH STREET
TAMPA, FL 33610** ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition
**T
Mary Lu Kiley
PO Box 1559
Bartow, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
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CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with a power like empowered.

SIGNATURE:

Mary Lu Kiley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #