
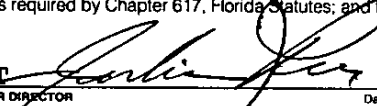


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 17, 2005 8:00 am
Secretary of State

05-17-2005 90015 004 ****70.00

DOCUMENT # N92000000357 1. Entity Name FLORIDA BEHAVIORAL HEALTH, INC.					
Principal Place of Business 5707 NORTH 22ND STREET TAMPA, FL 33610			Mailing Address PEACE RIVER CENTER P.O. BOX 1559 BARTOW, FL 33831		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0379675	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
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	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, MARSHA L 12512 BRUCE B DOWNS BLVD TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KILEY, MARY LU PO BOX 1559 BARTOW, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/S KILEY, MARY LU 829 WOODWARD STREET LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, MARY PO BOX 9478 BRADENTON, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICE, JULIAN 3707 N 2ND ST TAMPA, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAYES, KATHY 200 AVENUE F NE WINTER HAVEN, FL 33881	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, LINDA 4630 N 56TH STREET TAMPA, FL 33610	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASSAB, JERRY 1800 MERCEY DRIVE ORLANDO, FL 32808
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.					
SIGNATURE: <u>JULIAN RICE, PRESIDENT</u> 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>813-272-2244</u> <small>Daytime Phone #</small>	

ATTACHMENT

40084386

2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT
DOCUMENT # N92000000357

Entity Name: FLORIDA BEHAVIORAL HEALTH, INC.

ITEM 10/11 CONTINUED - OFFICERS AND DIRECTORS

TITLE	D
NAME	WHITAKER, JIM
STREET ADDRESS	400 EAST SHERIDAN ROAD
CITY-ST-ZIP	MELBOURNE, FL 32901
TITLE	D
NAME	RICKUS, IRENE
STREET ADDRESS	PO BOX 428
CITY-ST-ZIP	NEW PORT RITCHEY FL 34656
TITLE	D
NAME	WEDEKIND, TOM
STREET ADDRESS	11254 58 TH STREET NORTH
CITY-ST-ZIP	PINELLAS PARK, FL 33782