


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006 8:00 am
Secretary of State

03-23-2006 90007 042 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0379675	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RICE, JULIAN 5707 N 22ND ST TAMPA, FL 33610			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing <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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, MARSHA L		NAME		
STREET ADDRESS	12512 BRUCE B DOWNS BLVD		STREET ADDRESS		
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP		
TITLE	TS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KILEY, MARY LU		NAME		
STREET ADDRESS	829 WOODWARD ST		STREET ADDRESS		
CITY - ST - ZIP	LAKELAND, FL 33803		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUIZ, MARY		NAME		
STREET ADDRESS	PO BOX 9478		STREET ADDRESS		
CITY - ST - ZIP	BRADENTON, FL		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, JULIAN		NAME	RICE, Julian	
STREET ADDRESS	3707 N 2ND ST		STREET ADDRESS	3707 N. 2ND ST	
CITY - ST - ZIP	TAMPA, FL		CITY - ST - ZIP	TAMPA, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAYES, KATHY		NAME		
STREET ADDRESS	200 AVENUE F NE		STREET ADDRESS		
CITY - ST - ZIP	WINTER HAVEN, FL 33881		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KASSAS, JERRY		NAME	KASSAS, Jerry	
STREET ADDRESS	1800 MERCY DRIVE		STREET ADDRESS	1800 mercy DRIVE	
CITY - ST - ZIP	ORLANDO, FL 32808		CITY - ST - ZIP	Orlando, FL 32808	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>Mary Lu Kiley</i>			Date: <i>2/1/06</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #: <i>863.519.0575</i>		