

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000357

FILED
Apr 29, 2008
Secretary of State

Entity Name: FLORIDA BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

PEACE RIVER CENTER
1239 E. MAIN STREET
BARTOW, FL 33831

New Principal Place of Business:

PEACE RIVER CENTER
1239 E. MAIN STREET
BARTOW, FL 33830

Current Mailing Address:

PO BOX 1559
BARTOW, FL 33831

New Mailing Address:

FEI Number: 65-0379675 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICE, JULIAN
5707 N 22ND ST
TAMPA, FL 33610 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: D () Delete
Name: WHITAKER, JIM
Address: 400 EAST SHERIDAN RD
City-St-Zip: MELBOURNE, FL 329013184

Title: TS () Delete
Name: KILEY, MARY LU
Address: 829 WOODWARD ST
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: MACMATH, GARY
Address: P.O. BOX 11389
City-St-Zip: SAINT PETERSBURG, FL 337331389

Title: D () Delete
Name: RICE, JULIAN
Address: 3707 N 2ND ST
City-St-Zip: TAMPA, FL

Title: D () Delete
Name: RICKUS, IRENE
Address: P.O. BOX 428
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: P () Delete
Name: KASSAB, JERRY
Address: 1800 MERCERY DRIVE
City-St-Zip: ORLANDO, FL 32808

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: RICE, JULIAN
Address: 3707 N 2ND ST
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MARY LU KILEY

TS

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date