

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000357

FILED
Jan 06, 2012
Secretary of State

Entity Name: FLORIDA BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

MENTAL HEALTH CARE, INC.
5707 N 22ND ST
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

MENTAL HEALTH CARE, INC.
5707 N 22ND ST
TAMPA, FL 33610

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:

RUTHERFORD, JOE
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
Name: WHITAKER, JIM
Address: 400 EAST SHERIDAN RD
City-St-Zip: MELBOURNE, FL 329013184

Title: P
Name: KASSAB, JERRY
Address: 1800 MERCEY DRIVE
City-St-Zip: ORLANDO, FL 32808

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

Title: D
Name: RUTHERFORD, JOE
Address: 3707 N 2ND ST
City-St-Zip: TAMPA, FL 33610

Title: D
Name: SCHIMMEL, DAVID
Address: 6075 BATHEY LANE
City-St-Zip: NAPLES, FL 34116

Title: D
Name: LEWIS-BROWN, MARSHA
Address: 12512 BRUCE B DOWNS BLVD
City-St-Zip: TAMPA, FL 33612

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: JOE RUTHERFORD

DIR

01/06/2012

Electronic Signature of Signing Officer or Director

Date