

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 13, 2003 8:00 am**  
**Secretary of State**

03-13-2003 90086 038 \*\*\*\*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**

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**

Applied For

Not Applicable

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

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BROWN, MARSHA L</b>	
STREET ADDRESS	<b>12512 BRUCE B DOWNS BLVD</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LACEY, BERT</b>	
STREET ADDRESS	<b>1745 HWY. 17 SOUTH</b>	
CITY-ST-ZIP	<b>BARTOW FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RUIZ, MARY</b>	
STREET ADDRESS	<b>391 6TH AVENUE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>RICE, JULIAN</b>	
STREET ADDRESS	<b>5707 N. 22ND STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HAYES, KATHY</b>	
STREET ADDRESS	<b>200 AVENUE F NE</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>JAMES, BILL</b>	
STREET ADDRESS	<b>4630 N 56TH STREET</b>	
CITY-ST-ZIP	<b>TAMPA FL 33610</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T Lacey, Bert</b>
STREET ADDRESS	<b>PO Box 1539</b>
CITY-ST-ZIP	<b>Bartow, Florida 33131-1539</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P Ruiz, Mary</b>
STREET ADDRESS	<b>PO Box 9478</b>
CITY-ST-ZIP	<b>Bradenton, FL 34201</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P RICE, JULIAN</b>
STREET ADDRESS	<b>5707 N. 2nd street</b>
CITY-ST-ZIP	<b>Tampa, FL 33610</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>McKinnon, Linda</b>
STREET ADDRESS	<b>9393 N. Florida Ave, Suite 1000</b>
CITY-ST-ZIP	<b>Tampa, FL 33612</b>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: **Signature Required**

CR2E037 (10/02)

Attachment

80054205

#1198000000351

**FLORIDA BEHAVIORAL HEALTH  
BOARD OF DIRECTORS  
2002-2003**

Name	Position on Board
Brown, Marsha L. 12512 Bruce B. Downs Blvd. Tampa, FL	Director
Lacey, Bert Post Office Box 1559 Bartow, FL	Treasurer
Ruiz, Mary P. O. Box 9478 Bradenton, FL	Director
Rice, Julian 5707 N. 22 <sup>nd</sup> Street Tampa, FL	President
Hayes, Kathy 200 Avenue F, NE Winter Haven, FL	Director
McKinnon, Linda 4612 N. 56 <sup>th</sup> Street Tampa, Florida	Director

*Bert Lacey*