

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005482

FILED
Apr 24, 2006
Secretary of State

Entity Name: SUNSHINE BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

3530 OAK ST N
SAINT PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

3530 OAK ST N
SAINT PETERSBURG, FL 33704 US

New Mailing Address:

FEI Number: 59-3280151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEMAN, THADDEUS
8150 CYPRESS GARDEN CT.
ST PETERSBURG, FL 33777 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: DPS () Delete
Name: GRADY, MICHAEL T
Address: 1941 GLEN LAKES CIRCLE NORTH
City-St-Zip: ST PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL T. GRADY

PRES

04/24/2006

Electronic Signature of Signing Officer or Director

Date