

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 14, 2010
Secretary of State

Entity Name: SOUTH FLORIDA BEHAVIORAL HEALTH NETWORK, INCORPORATED

Current Principal Place of Business:

2140 SOUTH DIXIE HIGHWAY
SUITE 205
MIAMI, FL 33133 US

New Principal Place of Business:

Current Mailing Address:

2140 SOUTH DIXIE HIGHWAY
SUITE 205
MIAMI, FL 33133 US

New Mailing Address:

FEI Number: 59-3380599 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

DOW, JOHN W E.D.
2140 SOUTH DIXIE HIGHWAY
SUITE 205
MIAMI, FL 33133 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: C
Name: LEIFMAN, STEVEN
Address: 1351 NW 12 STREET
City-St-Zip: MIAMI, FL 33125

Title: PC
Name: JACKSON, VALERA
Address: 4500 ISLAND ROAD
City-St-Zip: MIAMI, FL 33137

Title: VC
Name: HAYDEN, BRUCE
Address: 11031 NE 6TH AVENUE
City-St-Zip: MIAMI, FL 33161

Title: VC
Name: SLEEPER, JAMES
Address: 111 NW 183 STREET
City-St-Zip: MIAMI, FL 33169

Title: D
Name: ZOHLMAN, BARBARA
Address: 16201 SW 95 AVENUE, STE. 205
City-St-Zip: MIAMI, FL 33157

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: JOHN W. DOW

ED

04/14/2010

Electronic Signature of Signing Officer or Director

_____ Date