

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90260 047 ****70.00

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1. Entity Name
**THE FLORIDA COUNCIL FOR BEHAVIORAL
HEALTHCARE, INC.**



Principal Place of Business
**316 EAST PARK AVE.
TALLAHASSEE, FL 32301**

Mailing Address
**316 EAST PARK AVE.
TALLAHASSEE, FL 32301**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182007 Chg-NP CR2E037 (12/06)

4. FEI Number
59-3430322

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SHARPE, BOB
316 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

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

**Filing Fee is \$61.25
Due by May 1, 2007**

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 PD ☒ Delete
NAME LABRTA, MAGARITA
STREET ADDRESS 4310 SW 13TH STREET
CITY-ST-ZIP GAINESVILLE, FL 32608

TITLE S ☒ Delete
NAME SCHIMMEL, DAVID
STREET ADDRESS 6075 GOLDEN GATE PARKWAY
CITY-ST-ZIP NAPLES, FL 34116

TITLE T ☒ Delete
NAME KASCAH, JERRY
STREET ADDRESS 1800 NEW DRIVE
CITY-ST-ZIP ORLANDO, FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition
NAME Schimmel, David
STREET ADDRESS 6075 Golden Gate Pkwy.
CITY-ST-ZIP Naples, FL 34110

TITLE VD ☐ Change ☒ Addition
NAME Valentine, Veronica
STREET ADDRESS 5770 St. Augustine Rd.
CITY-ST-ZIP Jacksonville, FL 32207

TITLE SD ☐ Change ☒ Addition
NAME Jordan, Mario
STREET ADDRESS 4175 West 20th Ave.
CITY-ST-ZIP Hialeah, FL 33012

TITLE TD ☒ Change ☐ Addition
NAME Kassab, Jerry
STREET ADDRESS 1800 Mercy Dr.
CITY-ST-ZIP Orlando, FL 32808

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Bob Sharpe

Bob Sharpe 4/18/07 850-224-6048

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #