

N97000004863

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6/16/09*

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Central Florida Behavioral Health Network, Inc.
Name of Corporation

DOCUMENT NUMBER: N97000004863

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Larry Lumpee
Name of Contact Person

Central Florida Behavioral Health Network, Inc.
Firm/Company

719 US Highway 301 South
Address

Tampa, FL 33619
City/State and Zip Code

lgross@cfbhn.org or jpatel@cfbhn.org
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Larry Lumpee at (813) 740-4811 x244
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

719 US Highway 301 South
Tampa, FL 33619



Phone: 813-740-4811 SC: 514-5441
Fax: 813-740-4821 SC: 514-5451

STATEMENT OF CHANGE OF REGISTERED AGENT
AND ACCEPTANCE OF APPOINTMENT
FOR
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Pursuant to and in accordance with the Resolution of the Board of Directors, the registered agent for the Central Florida Behavioral Health Network, Inc. is hereby changed to identify and designate a successor registered agent for the corporation as follows:

The current registered agent is Julie Reynolds. The current registered agent is replaced and the successor registered agent is Linda McKinnon.

The street address of the registered office and the street address of the corporate business office of the registered agent has changed and is located at:
719 US Hwy 301 S. Tampa FL 33619.

The corporation has been notified of the change of registered agent and informed of the successor registered agent identified herein.

The written acceptance of appointment by the new registered agent is included herein.

BOARD OF DIRECTORS
CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK.

By: Marsha Lewis Brown
Marsha Lewis Brown, President

May 15, 2009
Date

STATEMENT OF ACCEPTANCE BY REGISTERED AGENT

By my signature below, I hereby acknowledge my acceptance of the appointment as registered agent for the Central Florida Behavioral Health Network., and further acknowledge that I am familiar with the obligations of the registered agent and duties associated with my appointment to that position.

Linda McKinnon
Linda McKinnon

May 15, 2009
Date

