

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004863

FILED
Jan 05, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH NETWORK, INC.

Current Principal Place of Business:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

New Principal Place of Business:

Current Mailing Address:

719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619

New Mailing Address:

FEI Number: 59-3467610

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKINNON, LINDA
719 US HIGHWAY 301 SOUTH
TAMPA, FL 33619 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: P
Name: HAMILTON, NANCY
Address: 6655 66TH STREET NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: T
Name: NIXON, ROBERT
Address: 14158 FENNSBURY DRIVE
City-St-Zip: TAMPA, FL 33624

Title: D
Name: LEONARDO, DOUGLAS
Address: P.O. BOX 428
City-St-Zip: NEW PORT RICHEY, FL 34656

Title: D
Name: ULREY, MARY LYNN
Address: 4422 E. COLUMBUS DRIVE
City-St-Zip: TAMPA, FL 33605

Title: D
Name: RUIZ, MARY
Address: 391 SIXTH AVENUE WEST
City-St-Zip: BRADENTON, FL 34206

Title: S
Name: TURNBAUGH, JUDITH
Address: 3845 SIENA LANE
City-St-Zip: PALM HARBOR, FL 34685

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: LINDA MCKINNON

CEO

01/05/2011

Electronic Signature of Signing Officer or Director

Date