

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000072333

FILED
Jul 27, 2005
Secretary of State

Entity Name: GULF BREEZE BEHAVIORAL HEALTH OFFICES, INC.

Current Principal Place of Business:

400 GULF BREEZE PARKWAY
SUITE 303
GULF BREEZE, FL 32561

New Principal Place of Business:

1198 GULF BREEZE PKWAY
SUITE 4
GULF BREEZE, FL 32561

Current Mailing Address:

203 NORTHCLIFF DRIVE
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 75-3069708

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GIBSON, JEAN H DR.
203 NORTHCLIFF DRIVE
GULF BREEZE, FL 32561 US

Name and Address of New Registered Agent:

GIBSON, JEAN H PH.D.
203 NORTHCLIFF DRIVE
GULF BREEZE, FL 32561 US

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: JEAN H. GIBSON, PH.D.

07/27/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: GIBSON, JEAN H
Address: 203 NORTHCLIFF DR
City-St-Zip: GULF BREEZE, FL 32561

Title: VS (X) Delete
Name: FORD, LAURA H
Address: 112 WINDSOR PLACE
City-St-Zip: GULF BREEZE, FL 32561

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GIBSON, JEAN H PH.D.
Address: 203 NORTHCLIFF DR
City-St-Zip: GULF BREEZE, FL 32561

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 Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN H. GIBSON, PH.D.

PT

07/27/2005

Electronic Signature of Signing Officer or Director

Date