

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040318

FILED
Jun 15, 2009
Secretary of State

Entity Name: ST. PETE BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business:

433 4TH ST. N
SAINT PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

433 4TH ST. N
SAINT PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 43-2008964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

CHRISTOVA, ALBENA
433 4TH ST. N
SAINT PETERSBURG, FL 33701 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: ALBENA CHRISTOVA

06/15/2009

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: P () Delete
Name: CHRISTOVA, ALBENA C
Address: 2201 59TH STREET SOUTH
City-St-Zip: ST. PETERSBURG, FL 33707

Title: VP,S () Delete
Name: CARDILLO, MARK J
Address: 3613 SOUTH CLARK AVE
City-St-Zip: TAMPA, FL 33629

Title: VP,T () Delete
Name: RODRIGUES, ANTHONY S
Address: 190 98TH AVENUE NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALBENA CHRISTOVA

P

06/15/2009

Electronic Signature of Signing Officer or Director

Date