2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000098497

FILED
Apr 28, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA BEHAVIORAL HEALTH SYSTEM, P.A.

Current Principal Place of Business:

3300 SW 34 AVE STE 124A
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

3240 SW 34 ST APT 1114
OCALA, FL 34474

New Mailing Address:

FEI Number: 56-2397172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOYAPATI, KRANTHI K
3300 SW 34 AVE STE 124A
OCALA, FL 34474 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: KRANTHI K BOYAPATI

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:	PS	( ) Delete
Name:	BOYAPATI, KRANTHI K	
Address:	3300 SW 34 AVE., STE. 124A	
City-St-Zip:	OCALA, FL 34474	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PST	(X) Change ( ) Addition
Name:	BOYAPATI, KRANTHI K	
Address:	3300 SW 34 AVE., STE. 124A	
City-St-Zip:	OCALA, FL 34474	

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: KRANTHI K BOYAPATI PST 04/28/2009

Electronic Signature of Signing Officer or Director Date