

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000105269

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE BEHAVIORAL INSTITUTE, INC.

**Current Principal Place of Business:**

6200 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

6200 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

6200 W. CORPORATE OAKS DRIVE  
CRYSTAL RIVER, FL 34429

**FEI Number:** 20-0252226

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GONZALEZ, ESTHER MD  
1531 N. BATH PT.  
CRYSTAL RIVER, FL 34429 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: DIR  
Name: GONZALEZ, ESTHER  
Address: 1531 N. BATH PT.  
City-St-Zip: CRYSTAL RIVER, FL 34429

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ESTHER GONZALEZ

DIR

02/17/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date