

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000085362

FILED
Aug 05, 2007
Secretary of State**Entity Name:** FLORIDA BEHAVIORAL HEALTHCARE, INC.**Current Principal Place of Business:**3135 STATE ROAD 580
SUITE 7
SAFETY HARBOR, FL 34695 US**New Principal Place of Business:****Current Mailing Address:**3135 STATE ROAD 580
SUITE 7
SAFETY HARBOR, FL 34695 US**New Mailing Address:****FEI Number:** 32-0118593 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BROJAN, GENER
3135 STATE ROAD 580
SUITE 7
SAFETY HARBOR, FL 34695 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 () Delete
Name: BROJAN, GENER
Address: 3135 STATE ROAD 580, STE 7
City-St-Zip: SAFETY HARBOR, FL 34695 US**Title:** VP () Delete
Name: BROJAN, MARY RN
Address: 3135 STATE ROAD 580, STE 7
City-St-Zip: SAFETY HARBOR, FL 34695 US**Title:** DIR (X) Delete
Name: SANCHEZ, FERNANDO C
Address: 3135 STATE ROAD 580, STE. 7
City-St-Zip: SAFETY HARBOR, FL 34695 US**Title:** SEC (X) Delete
Name: NORENA, MAGNOLIA
Address: 3135 STATE ROAD 580, STE. 7
City-St-Zip: SAFETY HARBOR, FL 34695 US**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:**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: GENER BROJAN

P

08/05/2007

Electronic Signature of Signing Officer or Director_____
Date