

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000132869

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: ORLANDO BEHAVIORAL HEALTHCARE CORPORATION

**Current Principal Place of Business:**

260 LOOKOUT PLACE  
STE 202  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3848  
WINTER PARK, FL 32790

**New Mailing Address:**

FEI Number: 20-1662142

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SIMANTON, DEXTER  
2275 WESTMINSTER TERRACE  
OVIEDO, FL 32765 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SIMANTON, DEXTER  
Address: 2275 WESTMINSTER TERRACE  
City-St-Zip: OVIEDO, FL 32765

Title: D ( ) Delete  
Name: KEISARI, DAVID  
Address: P.O. BOX 916133  
City-St-Zip: LONGWOOD, FL 32791

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: DEXTER SIMANTON

D

03/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date