

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90002 031 ***550.00

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1. Entity Name
**NORTH FLORIDA BEHAVIORAL HEALTH PARTNERS,
INC.**



Principal Place of Business
**3014 N US 301 STE 1000
TAMPA, FL 33619**

Mailing Address
**3014 N US 301 STE 1000
TAMPA, FL 33619**

40099870



07052006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-1847098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MORE, ROBERT
3014 N US 301 STE 1000
TAMPA, FL 33619**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **MORE, ROBERT**
STREET ADDRESS **3014 N US 301 STE 1000**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **VP** ☐ Delete
NAME **DILLON, JOHN**
STREET ADDRESS **3014 N US 301 STE 1000**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **T** ☒ Delete
NAME **CHERRY, JOHN**
STREET ADDRESS **P O BOX 491000**
CITY-ST-ZIP **LEESBURG, FL 34749**

TITLE **S** ☐ Delete
NAME **DREGGORE, WAYNE**
STREET ADDRESS **1220 WILLIS AVE**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

TITLE **D** ☐ Delete
NAME **MOORE, DAVID J**
STREET ADDRESS **3014 N US 301 STE 1000**
CITY-ST-ZIP **TAMPA, FL 33619**

TITLE **D** ☐ Delete
NAME **LABARTA, MARGARITA**
STREET ADDRESS **4800 SW 13TH ST**
CITY-ST-ZIP **GAINESVILLE, FL 32608**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TREASURER** ☒ Change ☐ Addition
NAME **RONALD KIRLAND**
STREET ADDRESS **2634-J CAPITAL CIRCLE NE**
CITY-ST-ZIP **TALLAHASSEE, FL 32308**

TITLE **WAYNE DREGGORS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-5-06 813 246 7213

Date

Daytime Phone #