

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2008 8:00 am
Secretary of State

07-30-2008 90029 038 ***550.00

DOCUMENT # P04000141028

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



Principal Place of Business
8906 BRITTANY WAY
TAMPA, FL 33619

Mailing Address
8906 BRITTANY WAY
TAMPA, FL 33619

40112361



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07172008

Chg-P

CR2E034 (12/06)

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

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301

Name John J. Dillon

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

8906 Brittany Way

City

Tampa

FL

Zip Code

33619

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

John J. Dillon

John J. Dillon

7-17-08

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

(NOTE: Registered Agent signature required when reinstating)

DATE:

FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MORE, ROBERT	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DILLON, JOHN	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	S	<input type="checkbox"/> Delete
NAME	LABARTA, MARGARITA	
STREET ADDRESS	4800 SW 13TH ST.	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOORE, DAVID J	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	D	<input type="checkbox"/> Delete
NAME	LABARTA, MARGARITA	
STREET ADDRESS	4800 SW 13TH ST	
CITY-ST-ZIP	GAINESVILLE, FL 32608	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHERRY, JON	
STREET ADDRESS	8706 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUIJANO, IVANA	
STREET ADDRESS	8906 BRITTANY WAY	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Ivan A. Quijano

IVAN A. QUIJANO 7/24/08 813-246-7211

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #