

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094669

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** SUNCOAST BEHAVIORAL SERVICE INC.

**Current Principal Place of Business:**

40347 US HWY. 19 NORTH  
SUITE 103  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

1512 POWDER RIDGE CT  
PALM HARBOR, FL 346834640

**New Mailing Address:**

40347 US HWY. 19 NORTH  
SUITE 103  
TARPON SPRINGS, FL 34689

**FEI Number:** 20-3122424

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FULLER, MARY M  
1512 POWDER RIDGE CT  
PALM HARBOR, FL 346834640 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:** DR  
**Name:** FULLER, MARY M  
**Address:** 1512 POWDER RIDGE CT  
**City-St-Zip:** PALM HARBOR, FL 346834640

**Title:** MR  
**Name:** GORGEN, PHILIP F  
**Address:** 3937 FAN PALM CT.  
**City-St-Zip:** LAND O LAKES, FL 34639

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:** MARY M. FULLER

DR.

04/26/2010

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

\_\_\_\_\_  
Date