

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100310

FILED  
Apr 03, 2009  
Secretary of State

Entity Name: LEGACY BEHAVIORAL HEALTH CENTER, INC.

## Current Principal Place of Business:

15818 SW WARFIELD BLVD.  
INDIANTOWN, FL 34956 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 458  
INDIANTOWN, FL 34956 US

## New Mailing Address:

FEI Number: 90-0242545

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GORDON, ERIC  
AKERMAN SENTERFITT ESPERANTE BLDG 4 FLOOR  
222 LAKEVIEW AVE  
W PALM BEACH, FL 334016183 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: PRES ( ) Delete  
Name: PAJARES, ALICIA B  
Address: 236 BLOOMINGFIELD DR.  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SECR ( ) Delete  
Name: CABRAL, MARIA I  
Address: 7511 EDGWATER CIRCLE  
City-St-Zip: LAKE CLARKE SHORES, FL 33406 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: PAJARES, ALICIA B  
Address: 15818 SW WARFIELD BLVD., P.O. BOX 458  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: SECR (X) Change ( ) Addition  
Name: CABRAL, MARIA I  
Address: 15818 SW WARFIELD BLVD., P.O. BOX 458  
City-St-Zip: INDIANTOWN, FL 34956 US

Title: TRES ( ) Change (X) Addition  
Name: DORANTE, JOSE M  
Address: 15818 SW WARFIELD BLVD., P.O. BOX 458  
City-St-Zip: INDIANTOWN, FL 34956

Title: VPRE ( ) Change (X) Addition  
Name: CABRAL, CAESER R JR.  
Address: 15818 SW WARFIELD BLVD., P.O. BOX 458  
City-St-Zip: INDIANTOWN, FL 34956

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: ALICIA B. PAJARES

PRES

04/03/2009

Electronic Signature of Signing Officer or Director

Date