

P05000100310

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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7/15/09

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Legacy Behavioral Health Center, Inc.
Name of Corporation

DOCUMENT NUMBER: P05000100310

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alicia B. Pajares
Name of Contact Person

Legacy Behavioral Health Center, Inc.
Firm/Company

15818 SW Warfield Boulevard, P.O. Box 458
Address

Indiantown, FL 34956
City/State and Zip Code

abpajares@legacybhc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia B. Pajares at (561) 772-7866
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this
statement of change is submitted for a corporation organized under the laws of the State of Florida
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Legacy Behavioral Health Center, Inc.
2. The principal office address: 15818 SW Warfield Boulevard, P.O. Box 458
Indiantown, FL 34956
3. The mailing address (if different): P.O. Box 458, Indiantown, FL 34956
4. Date of incorporation/qualification: July 18, 2005 Document number: P05000100310
5. The name and street address of the current registered agent and registered office on file with the
Florida Department of State: (If resigned, enter resigned)

Eric Gordon, Esq., Ackerman Senterfitt
Esperante Building, 4th Floor, 222 Lakeview Avenue
West Palm Beach, Florida 33401-6183

6. The name and street address of the new registered agent (if changed) and /or registered office
(if changed):

Alicia B. Pajares
236 Bloomfield Drive
P.O. Box NOT acceptable
West Palm Beach, Florida 33401-6183

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The street address of its registered office and the street address of the business office of its registered agent,
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so
authorized by the board, or the corporation has been notified in writing of the change.

Maria Cabral
Signature of an officer or director

Maria Cabral, Secretary
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the
corporation has been notified in writing of this change.*

Alicia B. Pajares
Signature of Registered Agent

7/7/09
Date

If signing on behalf of an entity:

ALICIA B. PAJARES
LEGACY BEHAVIORAL HEALTH CENTER, INC.
Typed or Printed Name

*** FILING FEE: \$35.00 ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)