

2011 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 22, 2011
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:

1551 FORUM PLACE
BLDG. 400 D&E
WEST PALM BEACH, FL 33401 US

Current Mailing Address:

P.O. BOX 458
INDIANTOWN, FL 34956 US

New Mailing Address:

1551 FORUM PLACE
BLDG. 400 D&E
WEST PALM BEACH, FL 33401 US

FEI Number: 90-0242545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAJARES, ALICIA B
236 BLOOMFIELD DRIVE
W PALM BEACH, FL 33405 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

OFFICERS AND DIRECTORS:

Title: PRES
Name: PAJARES, ALICIA B LCSW
Address: 1551 FORUM PLACE, BLDG 400 D&E
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: SECR
Name: CABRAL, MARIA I
Address: 1551 FORUM PLACE, BLDG 400 D&E
City-St-Zip: WEST PALM BEACH, FL 33401 US

Title: TRES
Name: DORANTE, JOSE M
Address: 1551 FORUM PLACE, BLDG 400 D&E
City-St-Zip: WEST PALM BEACH, FL 33401

Title: VPRE
Name: CABRAL, CAESER R JR.
Address: 1551 FORUM PLACE, BLDG 400 D&E
City-St-Zip: WEST PALM BEACH, FL 33401

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: ALICIA B. PAJARES

PRES

02/22/2011

Electronic Signature of Signing Officer or Director

Date