

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000100310

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** LEGACY BEHAVIORAL HEALTH CENTER, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

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:** JOSE M DORANTE

TRES

03/07/2012

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

\_\_\_\_\_  
Date