

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000051010

1. Entity Name

LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA, INC.



Principal Place of Business

**97 LOWELL RD
2ND FLOOR
CONCORD MA 01742**

Mailing Address

**97 LOWELL RD
2ND FLOOR
CONCORD MA 01742
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0600079

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/04)



6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME HARTIGAN, WILLIAM J
STREET ADDRESS 19 SPEAR ROAD, SUITE 316
CITY-ST-ZIP RAMSEY NJ 07446 ☐ Delete

TITLE VS
NAME EUSTIS, ROBERT D
STREET ADDRESS 97 LOWELL RD 2ND FLOOR
CITY-ST-ZIP CONCORD MA 01742 ☐ Delete

TITLE V
NAME JACOBS, FREDERIC H.
STREET ADDRESS 10 HAMMOND POND PARKWAY
CITY-ST-ZIP CHESTNUT HILL MA 02467 ☐ Delete

TITLE VT
NAME JOHNSON, GERALD A
STREET ADDRESS 19 SPEAR ROAD SUITE 305
CITY-ST-ZIP RAMSEY NJ 07446 ☐ Delete

TITLE VD
NAME HARTIGAN, GAY
STREET ADDRESS 19 SPEAR RD STE 305
CITY-ST-ZIP RAMSEY NJ 07446 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
**UN0000236518
02/21/05-80019-013 150.00**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Robert P. Eustis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

(978) 371-1948

Date

Daytime Phone #