

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000011102

Entity Name: PHC-BELLE GLADE, INC.

FILED
Jul 14, 2009
Secretary of State**Current Principal Place of Business:**103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027 US**New Principal Place of Business:****Current Mailing Address:**103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027 US**New Mailing Address:**

FEI Number: 62-1769465

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: V () Delete
Name: PAUL
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: V () Delete
Name: CHRISTOPHER
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: S () Delete
Name: MARY KIM
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: D () Delete
Name: DILL, DAVID M
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: T () Delete
Name: COGGIN, MICHAEL S
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: V () Delete
Name: BUMPUS, JOHN P
Address: 103 POWELL COURT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: V (X) Change () Addition
Name: GILBERT, PAUL D
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: V (X) Change () Addition
Name: MONTE, CHRISTOPHER J
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: S (X) Change () Addition
Name: SHIPP, MARY KIM
Address: 103 POWELL CT, SUITE 200
City-St-Zip: BRENTWOOD, TN 37027 USTitle: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARY KIM E SHIPP

S

07/14/2009

Electronic Signature of Signing Officer or Director

Date