

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000083624

FILED  
Jan 13, 2009  
Secretary of State

Entity Name: ASSOCIATES IN BEHAVIORAL HEALTH & RECOVERY, INC.

## Current Principal Place of Business:

7825 N. DALE MABRY HWY.  
STE. 206  
TAMPA, FL 33614

## New Principal Place of Business:

2529 W. BUSCH BLVD  
STE. 400  
TAMPA, FL 33618 45

## Current Mailing Address:

7825 N. DALE MABRY HWY.  
STE. 206  
TAMPA, FL 33614

## New Mailing Address:

2529 W. BUSCH BLVD  
STE. 400  
TAMPA, FL 33618 45

FEI Number: 59-3599561

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BANKS, MAUREEN J  
7825 N. DALE MABRY HWY.  
STE. 206  
TAMPA, FL 33614 US

## Name and Address of New Registered Agent:

BANKS, MAUREEN J  
2529 W. BUSCH BLVD  
STE. 400  
TAMPA, FL 33618 US

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:

01/13/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BANKS, MAUREEN  
Address: 14320 DIPLOMAT DR  
City-St-Zip: TAMPA, FL 33613 US

Title: ST ( ) Delete  
Name: MC BRIDE, MARY  
Address: 3954 SHORESIDE CIRCLE  
City-St-Zip: TAMPA, FL 33624 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: MAUREEN J. BANKS

PRES

01/13/2009

Electronic Signature of Signing Officer or Director

Date