2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2017
Secretary of State
CC9295167307

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Entity Name: BAYCARE BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

7809 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653

Current Mailing Address:

P.O. BOX 428
NEW PORT RICHEY, FL 34656 US

FEI Number: 59-1371752

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAYCARE HEALTH SYSTEM, INC.
ATTENTION: LEGAL SERVICES DEPARTMENT
2985 DREW STREET
CLEARWATER, FL 33759 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: SCOTT A. KIZER 04/19/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	DIRECTOR	Title	DIRECTOR
Name	TREMONTI, CARL	Name	RYDER, GAIL
Address	300 PINELLAS STREET	Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	CLEARWATER FL 33759

Title	DIRECTOR
Name	WATERS, GLENN
Address	2985 DREW STREET
City-State-Zip:	CLEARWATER FL 33759

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GLENN WATERS DIRECTOR 04/19/2017

Electronic Signature of Signing Officer/Director Detail — Date