**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 14, 2014**
**Secretary of State**
**CC6354892655**

DOCUMENT# 721283

**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:**

KIZER, SCOTT A
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 03/14/2014

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | TREASURER |
| Name | CHESNUT, PHILIP H |
| Address | P.O. BOX 2057 |
| City-State-Zip: | NEW PORT RICHEY FL 34656 |

| | |
|---|---|
| Title | SECRETARY |
| Name | TORRENCE, ALFRED W JR. |
| Address | 6709 RIDGE ROAD, SUITE 106 |
| City-State-Zip: | NEW PORT RICHEY FL 34653 |

| | |
|---|---|
| Title | VICE CHAIR |
| Name | BUTLER, BILL |
| Address | 5206 BAYSHORE BOULEVARD |
| City-State-Zip: | TAMPA FL 33611 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HELDFOND, BEN |
| Address | 5707 BAYSHORE BOULEVARD |
| City-State-Zip: | TAMPA FL 33611 |

| | |
|---|---|
| Title | CHAIR |
| Name | BARNETT, BEVERLY |
| Address | 6709 RIDGE ROAD, SUITE 106 |
| City-State-Zip: | NEW PORT RICHEY FL 34653 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | HELIE, KING |
| Address | P.O. BOX 5062 |
| City-State-Zip: | HUDSON FL 34674 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | LEONARDO, DOUG |
| Address | P.O. BOX 428 |
| City-State-Zip: | NEW PORT RICHEY FL 34653 |

| | |
|---|---|
| Title | DIRECTOR |
| Name | FOSTER, JOHN |
| Address | 4202 WATER OAKS LANE |
| City-State-Zip: | TAMPA FL 33618 |

*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: DOUG LEONARDO DIRECTOR 03/14/2014

Electronic Signature of Signing Officer/Director Detail — Date