2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2013
Secretary of State
CC9279736568

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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: Yes

Name and Address of Current Registered Agent:

MCMULLEN, JEFFREY
7809 MASSACHUSETTS AVENUE
NEW PORT RICHEY, FL 34653 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CD
Name	CHESNUT, PHILIP H
Address	6331 GARLAND COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	VCD
Name	BARNETT, BEVERLY
Address	6709 RIDGE ROAD, SUITE 106
City-State-Zip:	PORT RICHEY FL 34668

Title	SD
Name	TORRENCE, ALFRED WJR.
Address	6709 RIDGE ROAD, SUITE 106
City-State-Zip:	PORT RICHEY FL 34668

Title	TD
Name	HELIE, KING
Address	3707 CORSAIR COURT
City-State-Zip:	NEW PORT RICHEY FL 34652

Title	D
Name	TREMONTI, CARL
Address	7809 MASSACHUSETTS AVENUE
City-State-Zip:	NEW PORT RICHEY FL 34653

Title	D
Name	LEONARDO, DOUG
Address	7809 MASSACHUSETTS AVENUE
City-State-Zip:	NEW PORT RICHEY FL 34653

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 CEO 01/25/2013

Electronic Signature of Signing Officer/Director Detail — Date