2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2018
Secretary of State
CC6676756181

DOCUMENT# 764399

Entity Name: CLAY BEHAVIORAL HEALTH CENTER, INC.

Current Principal Place of Business:

3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068

Current Mailing Address:

1726 KINGSLEY AVE
STE 2
ORANGE PARK, FL 32073

FEI Number: 59-2219317

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TOTO, IRENE M
3292 COUNTY ROAD 220
MIDDLEBURG, FL 32068 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	C
Name	SIMMONS, WILLIAM
Address	1828 NORTH GLEN CIRCLE
City-State-Zip:	MIDDLEBURG FL 32068

Title	D
Name	JACKSON, MAUDE
Address	2774 BURROUGHS ROAD
City-State-Zip:	MIDDLEBURG FL 32068

Title	OTHER, DIRECTOR OF BUSINESS OPS
Name	SWATHWOOD, TINA
Address	2101 CREEKMONT DRIVE
City-State-Zip:	MIDDLEBURG FL 32068

Title	DIRECTOR
Name	ELIA, MIKE
Address	2671 COUNTRYSIDE DRIVE
City-State-Zip:	FLEMING ISLAND FL 32003

Title	D
Name	BECTON, DANIEL
Address	2408 GOLDEN BELL LANE
City-State-Zip:	ORANGE PARK FL 32003

Title	CEO
Name	TOTO, IRENE LMHC
Address	8368 CINNAMON CT
City-State-Zip:	JACKSONVILLE FL 32244

Title	VC
Name	SWEATLAND, NANCY
Address	1000 PINEWOOD COURT APT. #206
City-State-Zip:	GREEN COVE SPRINGS FL 32043

Title	DIRECTOR
Name	RUTHERFORD, KENT
Address	205 N. BARTRAM TRAIL
City-State-Zip:	JACKSONVILLE FL 32259-8816

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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: IRENE M. TOTO CEO 02/05/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	STEWART, RINDETTA D
Address	5315 RAZORBACK COURT
City-State-Zip:	MIDDLEBURG FL 32068

Title	DIRECTOR
Name	FOX, JANET S.
Address	1476 SCARLETT WAY
City-State-Zip:	FLEMING ISLAND FL 32003

Title	DIRECTOR
Name	WOODRUM, NATHANAEL
Address	2352 COLLEGE STREET APT B
City-State-Zip:	JACKSONVILLE FL 32204