

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

DOCUMENT# N49538

**FILED**  
**Jan 11, 2014**  
**Secretary of State**  
**CC0391825167**

**Entity Name:** NORTHWEST BEHAVIORAL HEALTH SERVICES, INC.

**Current Principal Place of Business:**

2392 N. EDGEWOOD AVENUE  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

POB 9373A  
JACKSONVILLE, FL 32208 US

**FEI Number:** 59-3128476

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ESTELL, REGINALD J  
505 N LIBERTY STREET  
JACKSONVILLE, FL 32202 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 TD  
Name THOMAS, ODEAN  
Address 8000 RAMSGATE ROAD  
City-State-Zip: JACKSONVILLE FL 32208

Title VP/SEC  
Name WILSON, MIA R DR.  
Address 3416 MILCREST DRIVE  
City-State-Zip: JACKSONVILLE FL 32277

Title D  
Name HOPES, MAGDALENE B  
Address 1664 MCMILLAN ST.  
City-State-Zip: JACKSONVILLE FL 32209

Title D  
Name COLEMAN, CLIFTON  
Address 12452 MISSION HILL DR. S.  
City-State-Zip: JACKSONVILLE FL 32225

Title PRESIDENT  
Name WASHINGTON, STEWARD E  
Address 5711 MARLIN CT  
City-State-Zip: JACKSONVILLE FL 32211

Title D  
Name ESTELL, REGINALD  
Address 505 N. LIBERTY STREET  
City-State-Zip: JACKSONVILLE FL 32202

Title D  
Name FRANZONI, CHARLES  
Address 1639 BEACH BLVD  
APT #11  
City-State-Zip: JACKSONVILLE FL 32250

Title DIRECTOR  
Name HARLEY, NINA N  
Address 655 RADNOR LANE  
City-State-Zip: JACKSONVILLE FL 32221

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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:** STEWARD E WASHINGTON

**PRESIDENT**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PUESTOW, BARBARA A  
Address        6944 SAINT AUGUSTINE ROAD  
                 SUITE A  
City-State-Zip: JACKSONVILLE FL 32217

Title            EXECUTIVE DIRECTOR/CEO  
Name            SAMPSON, PATRICIA G  
Address        6456 BARRY DRIVE  
City-State-Zip: JACKSONVILLE FL 32208