

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49538

FILED
Mar 13, 2013
Secretary of State
CC1066564345

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
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 SECRETARY
Name HEATH, MARIE
Address 8532 STAPLEHURST DRIVE W
City-State-Zip: JACKSONVILLE FL 32244

Continues on page 2

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

03/13/2013

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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