

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 718323

Entity Name: CDS FAMILY & BEHAVIORAL HEALTH SERVICES, INC.**Current Principal Place of Business:**1218 N.W. 6TH ST.
GAINESVILLE, FL 32601**Current Mailing Address:**1218 N.W. 6TH ST.
GAINESVILLE, FL 32601**FEI Number:** 59-1435252**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JAMES F. PEARCE
3615 SW 13TH STREET
SUITE 2
GAINESVILLE, FL 32608 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	PRESIDENT
Name	LANE, THOMAS H JR.
Address	4020 W NEWBERRY RD SUITE 200
City-State-Zip:	GAINESVILLE FL 32607

Title	VP
Name	CRAPPS, DANIEL
Address	2806 W. US HWY90 STE 101
City-State-Zip:	LAKE CITY FL 32055

Title	CEO
Name	PEARCE, JAMES F.
Address	3615 SW 13TH STREET SUITE 2
City-State-Zip:	GAINESVILLE FL 32608

Title	COO
Name	OUSLEY, TRACEY
Address	1218 N.W. 6TH ST.
City-State-Zip:	GAINESVILLE FL 32601

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: TRACEY OUSLEYCHIEF OPERATIONS
OFFICER

01/29/2021

Electronic Signature of Signing Officer/Director Detail

Date