FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L62354** **(0)**

1. Corporation Name
BEHAVIORAL MEDICINE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
~~900 E OCEAN BLVD~~ 10694 S. US. Hwy 1 ~~STE 215B~~ Ste A ~~STUART FL 34994~~ Port St Lucie, FL 34952 ~~US~~	~~10020 SO FEDERAL HWY~~ 10694 S. US. Hwy 1 ~~PT ST LUCIE FL 34952~~ Ste A US Port St Lucie, FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/29/1990	3a. Date of Last Report: 02/23/1994
2. Principal Place of Business 21 10694 S. U.S. Hwy 1	2a. Mailing Address 26 10694 S. U.S. Hwy 1
Suite, Apt. #, etc. 22 Suite A	Suite, Apt. #, etc. 27 Suite A
City & State 23 Port St. Lucie, FL	City & State 28 Port St. Lucie, FL
Zip / County 24 34952 / 25 St. Lucie	Zip / County 29 34952 / 30 St. Lucie
4. FEI Number: 65-0189177 — ☐ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SIMMONS, EVETT L 10020 SO FEDERAL HWY PORT ST LUCIE FL 34952	81 Name 82 Street Address (P. O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	DP ☐ Change ☐ Addition
NAME	THOMPSON, D CLARK	12 NAME	THOMPSON, D. CLARK
STREET ADDRESS	~~900 E OCEAN BLVD 215B~~ 10694 S. US. Hwy 1, Ste A	13 STREET ADDRESS	10694 S. US. Hwy 1, Ste A
CITY ST ZIP	~~STUART FL~~ Port St. Lucie, FL 34952	14 CITY ST ZIP	Port St. Lucie, FL 34952
TITLE	VST	21 TITLE	☐ Change ☐ Addition
NAME	THOMPSON, MARSHA	22 NAME	
STREET ADDRESS	5705 MYRTLE DR	23 STREET ADDRESS	
CITY ST ZIP	FT PIERCE FL	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above or on an attachment with an address.

SIGNATURE: D. Clark Thompson D. Clark Thompson 5/15/95 407-335-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0382813 CP