2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000095456

Entity Name: EMERY BEHAVIORAL MEDICINE, INC.

FILED Oct 11, 2007 Secretary of State

Littley Hai	IIIC. LIVILIA I	DELIAVIONAL MEDICINE, INC	•		
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12 SIMONTON CIR WESTON, FL 33326			17180 ROYAL PALM E SUITE 4 WESTON, FL 33326	BLVD US	
Current M	lailing Addre	ss:	•	New Mailing Address:	
12 SIMON' WESTON,	TON CIR FL 33326		17180 ROYAL PALM E SUITE 4 WESTON, FL 33326	BLVD US	
FEI Number: 14-1971045 F		FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
4992 NOR LAUEERH	ER, MITCHELL TH PINE ISLA IILL, FL 33351	ND ROAD US		d affice an usaishous d a south as both	
	named entity e of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE: MITCHE	LL BRUCKNER			
	Electro	nic Signature of Registered Ag	ent	Date	
		3(2)(b), F.S., the corporation did n g Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (BARBER, ERIO 12 SIMONTON WESTON, FL	CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (LEIBEL, CHRIS 12 SIMONTON WESTON, FL	CIR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERIC BARBER D 10/11/2007