FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90032 004 ***150.00

OCUMENT # P97000084511 Corporation Name

BEHAVIORAL MEDICINE SERVICES OF SOUTH FLORIDA, P

incipal Place of Business

Mailing Address



io SW 60T) IMI FL 331:	H COURT SUITE 302 95	3200 SW 60TH COURT SUITE 302 MIAMI FL 33155				3. Date Incorporated or Qualifed 09/30/1997							7
Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address				FEI Number				A	oplied For	1
Suite, Apt.	# etc	Suite, Apt. #, etc.	65-0786109 Not Applicable							1			
		27	27				5. Certificate of Status Desired Section Fee Required						
City & State		City & State	28			6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees							
Zip Country Zip 29			Country 30			8. This corporation owes the current year Intangible Personal Property Tax. Yes No							1
	9. Name and Address of Curre	ent Registered Agent					Name and Ad		v Registered	Agent			1
FIEL	DSTONE, RONALD R ESQ		i	81	Name		,						7
200	S BISCAYNE BLVD SUITE 2100 MI FL 33131)		82	Street Address (P.O. Box Number is Not Acceptable)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
IVIII	MILLE 99 19 1		ĺ	83									1
	to the provisions of Sections 607.05			84	City	-			FL	85	Zip (}
NATURE	m farmiliar with, and accept the oblig	ent and title if applicable. (NOTE:	Registered A		signature requir				DATE				=
OFFICERS AND DIRECTORS				13.		AC	DDITIONS/CH/	NGES TO O	FFICERS AN	D DIR	ECTO	RS IN 12	ğ
	resnick, trevor	☐ DELETE		1.1 TITLE						CH	ange	Addition	(11/98)
ET ADDRESS	0000 04/ 00TH 00HDT 0HDT		1.2 NAME										2
ST-ZIP MIAMI FL 33155		. 002	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP				•						CR2F034
		☐ DELETE	2.1 TITL	_	-219		<u>, </u>			[] Ch	ange	Addition	8
				ΙE						_ +	90		-
ET ADDRESS			2.3 STREET ADDRESS										İ
ST-ZIP			2. 4 CIT	Y-ST	-212								
Ì		☐ DELETE	3.1 TITL	3.1 TITLE						☐ Ch	ange	☐ Addition	
ET ADDRESS			3.2 NAME									,	į
T-ZIP			3.3 STREET ADDRESS 3.4. CITY-ST-ZIP				(
		DELETE	4.1 TITLE		-217					☐ Ch	ange	☐ Addition	
			4. 2 NAM	Œ									
TADDRESS			4.3 STREET ADDRESS										
T-ZIP				4.4 CITY-ST-ZIP									_
		☐ DELETE	5.1 TITLE		ł					Ch	ange	Addition	
T ADDRESS			5.2 NAMI		NDDRESS		· j					1	
T-ZIP			5.4 CITY-		!			•					
		☐ DELETE	6.1 TITLE		 -					Cha	ange	Addition	
			6.2 NAM								90		
TADDRESS			6.3 STRE	ET A	DDRESS							ł	
T-ZIP			6.4 CITY-	ST-Z	ZIP								

I hereby certify that the information supplied with this filing 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

(305)662-8330