## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P97000084511

1. Entity Name

BEHÁVIORAL MEDICINE SER VICES OF SOUTH FLORIDA, P.A.



FILED Mar 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

3200 SW 60TH COURT SUITE 302 MIAMI, FL 33155

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DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For 65-0786109 Not Applicable

5. Certificate of Status Desired

No Chg-P

02282007

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R ESQ 200 S BISCAYNE BLVD SUITE 2100 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

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8. 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. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE.	Signature, typed or printed name of registered agent and trie if	I Agent argnature required when reinstating)			DATE		
FILE NOW!!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finan Trust Fund Contribution.			\$5.00	May Be	0 UÕÕ0006 02/12/07+9	55616 0108-023	150 00 "
10.	OFFICERS AND DIREC	TORS			<del>्रिक्तिकार</del> स	<del>ulu um</del>	
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12. I hereby certify that the information's upplied with this filing does not qualify for the exemptions contained 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 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 expowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless with all other tike empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

sevon J. Respice. Dina (2/28)

7 305-6628

Daytme Phone #