

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90022 019 ***150.00

DOCUMENT # P99000034120

1. Entity Name

BEHAVIORAL HEALTH MANAGEMENT CONSULTANTS, INC.

Principal Place of Business

Mailing Address

~~1688-1 MEDICAL LANE
 FORT MYERS FL 33907~~

~~1688-1 MEDICAL LANE
 FORT MYERS FL 33907-1129~~

2. Principal Place of Business

1510 Royal Palm Square Boulevard

3. Mailing Address

1510 Royal Palm Square Boulevard

Suite, Apt. #, etc.

Suite 105

Suite, Apt. #, etc.

Suite 105

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

4. FEI Number

65-0059564

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SPELLMAN, MICHAEL B
 1688-1 MEDICAL LANE
 FORT MYERS FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Michael B Spellman as President For the Corp

1/5/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: PSTD Delete
 NAME: SPELLMAN, MICHAEL B
 STREET ADDRESS: ~~1688-1 MEDICAL LANE~~
 CITY-ST-ZIP: FORT MYERS FL ~~33907~~

TITLE: Change Addition
 NAME:
 STREET ADDRESS: 1510 Royal Palm Square Blvd, Ste 105
 CITY-ST-ZIP: Fort Myers, Florida 33919

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
 Change Addition

TITLE: Change Addition
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13. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael B Spellman as President For the Corp*

1/5/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR12E034 (9/99)