

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000034120

1. Entity Name

BEHAVIORAL HEALTH MANAGEMENT CONSULTANTS, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90022 019 ***150.00

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

3. Mailing Address

1510 Royal Palm Square Boulevard
Suite, Apt. #, etc.
Suite 105

1510 Royal Palm Square Boulevard
Suite, Apt. #, etc.
Suite 105

City & State

Fort Myers, Florida

City & State

Fort Myers, Florida

Zip

33919

Country

USA

Zip

33919

Country

USA

4. FEI Number

65-0059564

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

1/5/00
DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)