

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90357 024 ***150.00

DOCUMENT # P99000034120

1. Entity Name
**BEHAVIORAL HEALTH MANAGEMENT CONSULTANTS,
INC.**



Principal Place of Business
**7680 CAMBRIDGE MANOR PLACE
STE 100
FORT MYERS, FL 33907-3615**

Mailing Address
**7680 CAMBRIDGE MANOR PLACE
STE 100
FORT MYERS, FL 33907-3615**

40042691



2. Principal Place of Business

15287 New Brittany Blvd

Suite, Apt. #, etc.

21W

3. Mailing Address

15287 New Brittany Blvd

Suite, Apt. #, etc.

21W

02032006

Chg-P

CR2E034 (11/05)

City & State
Fort Myers FL

City & State
Fort Myers, FL

4. FEI Number

65-0059564

Applied For

Not Applicable

Zip
33907

Country

Lee

Zip
33907

Country

Lee

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SPELLMAN, MICHAEL B

7680 CAMBRIDGE MANOR PLACE

STE 100

FORT MYERS, FL 33907

**15287 New Brittany
Blvd
STE 21W**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**PSTD
SPELLMAN, MICHAEL B
7680 CAMBRIDGE MANOR PLACE
FORT MYERS, FL 33907-3615**

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

15287 New Brittany Blvd Ste 21W

☒ Change

☐ Addition

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☐ Addition

12. I hereby certify that the information supplied 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 empowered 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 address, with all other like empowered.

SIGNATURE:

Michael Spellman For the Corp

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/7/06