

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90637 032 ***150.00

DOCUMENT # **99000034120**

1. Entity Name
Behavioral Health Management Consultants, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7680 Cambridge Manor Place

Suite, Apt. #, etc.
Suite 100

City & State
Fort Myers, FL

Zip
33907-3615

Country
USA

3. Mailing Address
7680 Cambridge Manor Place

Suite, Apt. #, etc.
Suite 100

City & State
Fort Myers, FL

Zip
33907-3615

Country
USA

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4. FEI Number
65-0916994

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Michael B Spellman

Street Address (P.O. Box Number is Not Acceptable)
7680 Cambridge Manor Place

Suite 100

City
Fort Myers

FL

Zip Code
33907

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 _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
President
NAME
Michael B Spellman, PhD
STREET ADDRESS
7680 Cambridge Manor Place, Ste 100
CITY-ST-ZIP
Fort Myers, Florida 33907-3615

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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael B Spellman, PhD** or Pres for the Corp
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3/18/03** Daytime Phone # **239-278-3443**

CR2E034B (12/02)