


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90451 003 ***150.00

DOCUMENT # F98000007065 1. Entity Name ALTERNATIVE BEHAVIORAL SERVICES, INC.					
Principal Place of Business 240 CORPORATE BOULEVARD NORFOLK, VA 23502			Mailing Address 240 CORPORATE BOULEVARD NORFOLK, VA 23502		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P IRBY, EDWARD C JR 240 CORPORATE BOULEVARD NORFOLK, VA 23502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Rebecca H. White 240 Corporate Blvd. Norfolk, VA 23502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ORAM, THOMAS E 240 CORPORATE BOULEVARD NORFOLK, VA 23502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. Timothy L. McCarthy 240 Corporate Blvd. Norfolk, VA 23502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NUSS, GLORIA J 240 CORPORATE BOULEVARD NORFOLK, VA 23502 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Treasurer Stephen Huller 240 Corporate Blvd. Norfolk, VA 23502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LITTLE, RANDALL 240 CORPORATE BOULEVARD NORFOLK, VA 23502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DOZORETZ, RONALD I MD 240 CORPORATE BOULEVARD NORFOLK, VA 23502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LEXIER, LENARD J M.D. 240 CORPORATE BLVD. NORFOLK, PA 23502 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Gloria J. Nuss 240 Corporate Blvd. Norfolk, VA 23502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date 4-26-06 Daytime Phone #					

60031624



04252006 Chg-P CR2E034 (11/05)

4. FEI Number
54-1757063
Applied For
Not Applicable

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