

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 27, 2007 8:00 am**  
**Secretary of State**

08-27-2007 90031 014 \*\*\*550.00

**DOCUMENT # F04000000787**

1. Entity Name  
**BEHAVIORAL HEALTH SYSTEMS, INC.**



Principal Place of Business  
**TWO METROPLEX DRIVE, STE. 500  
BIRMINGHAM, AL 35209**

Mailing Address  
**P.O. BOX 830724  
BIRMINGHAM, AL 35283-0724**



08232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**63-1007625**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**Not Applicable**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

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	CP STEPHENS, DEBORAH L TWO METROPLEX DRIVE, STE. 500 BIRMINGHAM, AL 35242
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC GREER, LARRY 2200 WOODBRIDGE PLACE, STE. 309 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POLK, KEN 2140 11TH AVENUE, THE PARK BUILDING BIRMINGHAM, AL 35205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STOCKHAM, HERBERT P.O. BOX 130118 BIRMINGHAM, AL 35213
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRIEDLEY, PATRICIA TWO METROPLEX DRIVE, STE. 500 BIRMINGHAM, AL 35209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:**

**Mark D. Gordon**

**8/23/07**

Date

**205 443 5432**

Daytime Phone #