

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000787

FILED  
Feb 06, 2008  
Secretary of State

Entity Name: BEHAVIORAL HEALTH SYSTEMS, INC.

## Current Principal Place of Business:

TWO METROPLEX DRIVE, STE. 500  
BIRMINGHAM, AL 35209

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 830724  
BIRMINGHAM, AL 352830724

## New Mailing Address:

FEI Number: 63-1007625

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: STEPHENS, DEBORAH L  
Address: TWO METROPLEX DRIVE, STE. 500  
City-St-Zip: BIRMINGHAM, AL 35242

Title: VC ( ) Delete  
Name: GREER, LARRY  
Address: 2200 WOODBRIDGE PLACE, STE. 309  
City-St-Zip: BIRMINGHAM, AL 35209

Title: D ( ) Delete  
Name: POLK, KEN  
Address: 2140 11TH AVENUE, THE PARK BUILDING  
City-St-Zip: BIRMINGHAM, AL 35205

Title: D ( ) Delete  
Name: STOCKHAM, HERBERT  
Address: P.O. BOX 130118  
City-St-Zip: BIRMINGHAM, AL 35213

Title: VP ( ) Delete  
Name: FRIEDLEY, PATRICIA  
Address: TWO METROPLEX DRIVE, STE. 500  
City-St-Zip: BIRMINGHAM, AL 35209

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL HOWELL

DIR

02/06/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date