

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000787

FILED
Apr 27, 2009
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: DEBORAH L STEPHENS

CP

04/27/2009

Electronic Signature of Signing Officer or Director

Date