

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000787

FILED
Jan 17, 2011
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

OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANIEL HOWELL

DIR

01/17/2011

Electronic Signature of Signing Officer or Director

Date