

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F05000004814

FILED
Oct 09, 2007
Secretary of State

Entity Name: ADDICTION & MENTAL HEALTH SERVICES, INC.

Current Principal Place of Business:

2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

New Principal Place of Business:

Current Mailing Address:

2101 MAGNOLIA AVE. SUITE 518
BIRMINGHAM, AL 35205

New Mailing Address:

FEI Number: 63-1198286

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T 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: JENNIFER AULTMAN

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: CAMPBELL, JOHN T
Address: 1572 MONTGOMERY HIGHWAY SUITE 210
City-St-Zip: BIRMINGHAM, AL 35216

Title: PCEO () Delete
Name: CROWDER, JERRY W
Address: 2101 MAGNOLIA AVE. SUITE 518
City-St-Zip: BIRMINGHAM, AL 35205

Title: D () Delete
Name: MCARTHUR, FRANK G MD
Address: 1572 MONTGOMERY HIGHWAY SUITE 210
City-St-Zip: BIRMINGHAM, AL 35216

Title: VCD () Delete
Name: SIMMONS, W. CLAY
Address: 2101 MAGNOLIA AVE. SUITE 518
City-St-Zip: BIRMINGHAM, AL 35205

Title: D () Delete
Name: HOWELL, W. JERRY MD
Address: 1189 ALBRITTON ROAD
City-St-Zip: WARRIOR, AL 35180

Title: CFOS () Delete
Name: STEPHENS, BERNARD B
Address: 2101 MAGNOLIA AVE. SUITE 518
City-St-Zip: BIRMINGHAM, AL 35205

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:

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: BERNARD B. STEPHENS

CFO

10/09/2007

Electronic Signature of Signing Officer or Director

Date