


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90080 022 \*\*\*150.00

<b>DOCUMENT # F96000005623</b>					
<b>1. Entity Name</b> <b>BEHAVIORAL HEALTHCARE CORPORATION OF DELAWARE</b>					
<b>Principal Place of Business</b> 840 CRESCENT CENTRE DR STE 460 FRANKLIN, TN 37067 US			<b>Mailing Address</b> 840 CRESCENT CENTRE DR STE 460 FRANKLIN, TN 37067 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 62-1516830	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SVSD PETROVICH, STEPHEN C <input checked="" type="checkbox"/> Delete ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joey A. Jacobs 840 Crescent Centre Dr #460 Franklin, TN 37067		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	SVD <input checked="" type="checkbox"/> Delete ALLISON, R DIRK ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Steven T. Davidson 840 Crescent Centre Dr #460 Franklin, TN 37067		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P <input checked="" type="checkbox"/> Delete HOPPING, JAMIE E ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jack Polson 840 Crescent Centre Dr #460 Franklin, TN 37067		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V <input checked="" type="checkbox"/> Delete HEMPHILL, NEIL D ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Brent Turner 840 Crescent Centre Dr #460 Franklin, TN 37067		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VT <input checked="" type="checkbox"/> Delete CRABTREE, ASHLEY M ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	VO <input checked="" type="checkbox"/> Delete DENEY, ROBERT ONE BURTON HILLS BLVD., STE 250 NASHVILLE, TN 37215	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>Brent Turner</u> <b>Brent Turner</b> <u>6-31-06</u> <u>615-3128700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					