


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

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

02-06-2006 90080 021 \*\*\*150.00

**DOCUMENT # F98000001409**  
 1. Entity Name  
 PREMIER BEHAVIORAL SOLUTIONS OF FLORIDA, INC.



Principal Place of Business: 113 SEABOARD LANE, SUITE C100, FRANKLIN, TN 37067  
 Mailing Address: 113 SEABOARD LANE, SUITE C100, FRANKLIN, TN 37067

20005752

2. Principal Place of Business: 840 Crescent Centre Drive, Suite 460, Franklin, TN  
 3. Mailing Address: 840 Crescent Centre Drive, Suite 460, Franklin, TN



01062006 Chg-P CR2E034 (11/05)

City & State: Franklin, TN  
 Zip: 37067  
 Country: U.S.A.

4. FEI Number: 65-0816927  
 Applied For: Not Applicable

5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
 City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

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.  
 SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	JACOBS, JOEY A	
STREET ADDRESS	840 CRESCENT CENTRE DR #460	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	DAVIDSON, STEVEN T	
STREET ADDRESS	840 CRESCENT CENTRE DR #460	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE	TV	<input type="checkbox"/> Delete
NAME	POLSON, JACK	
STREET ADDRESS	840 CRESCENT CENTRE DR #460	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE	V	<input type="checkbox"/> Delete
NAME	TURNER, BRENT	
STREET ADDRESS	840 CRESCENT CENTRE DR #460	
CITY-ST-ZIP	FRANKLIN, TN 37067	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE: Brent Turner Date: 1-31-06 Daytime Phone #: 615-312-5700