

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 20, 2008 8:00 am
Secretary of State

02-20-2008 90010 017 ***150.00

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1. Entity Name
PREMIER BEHAVIORAL SOLUTIONS OF FLORIDA, INC.



Principal Place of Business
**6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067**

Mailing Address
**6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067**



01242008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0816927	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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
NAME	JACOBS, JOEY A
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	VSD
NAME	DAVIDSON, STEVEN T
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	TV
NAME	POLSON, JACK
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	V
NAME	TURNER, BRENT
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	SEC
NAME	HOWARD, CHRISTOPHER L
STREET ADDRESS	6640 CAROTHERS PARKWAY, SUITE 500
CITY-ST-ZIP	FRANKLIN, TN 37067

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/08
Date

415.312.5706
Daytime Phone #