


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

02-20-2008 90010 010 ***150.00

DOCUMENT # F98000006228

1. Entity Name
 BEHAVIORAL EDUCATIONAL SERVICES, INC.



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

Mailing Address
 6640 CAROTHERS PARKWAY
 SUITE 500
 FRANKLIN, TN 37067

DO NOT WRITE IN THIS SPACE

4000000000



01242008 No Chg-P CR2E034 (11/05)

4. FEI Number
 65-0852413 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 C/O C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

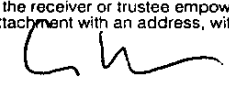
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, JOEY A 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIDSON, STEVEN T 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV POLSON, JACK 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, BRENT 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOWARD, CHRISTOPHER L 6640 CAROTHERS PARKWAY, SUITE 500 FRANKLIN, TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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**

Date: 1/28/08 Daytime Phone #: 615-312-5700