2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F98000006228

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



02-20-2008 90010 010 ***150.00

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOWILL FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution.			\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIRECT	ORS		To the hearth	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACOBS, JOEY A 6640 CAROTHERS PARKWAY, SUITE : FRANKLIN, TN 37067	500			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DAVIDSON, STEVEN T 6640 CAROTHERS PARKWAY, SUITE : FRANKLIN, TN 37067	500		The second secon	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV POLSON, JACK 6640 CAROTHERS PARKWAY, SUITE FRANKLIN, TN 37067	500		i po	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TURNER, BRENT 6640 CAROTHERS PARKWAY, SUITE FRANKLIN, TN 37067	500			THIS-SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC HOWARD, CHRISTOPHER L 6640 CAROTHERS PARKWAY, SUITE : FRANKLIN, TN 37067	500			

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 attactyment with an address, with all other like empowered.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

128/08

615.312.5700

Daytime Phone #