

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F98000007065

FILED
Jan 23, 2009
Secretary of State

Entity Name: ALTERNATIVE BEHAVIORAL SERVICES, INC.

Current Principal Place of Business:

240 CORPORATE BLVD STE 400
NORFOLK, VA 23502

New Principal Place of Business:

6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067

Current Mailing Address:

240 CORPORATE BLVD STE 400
NORFOLK, VA 23502

New Mailing Address:

6640 CAROTHERS PARKWAY
SUITE 500
FRANKLIN, TN 37067

FEI Number: 54-1757063

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: CT CORPORATION SYSTEM

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: JACOBS, JOEY A
Address: 6640 CAROTHERS PARKWAY, SUITE 500
City-St-Zip: FRANKLIN, TN 37067

Title: AS () Delete
Name: DAVIDSON, STEPHEN T
Address: 6640 CAROTHERS PARKWAY, SUITE 500
City-St-Zip: FRANKLIN, TN 37067

Title: T () Delete
Name: POLSON, JACK
Address: 6640 C AROTHERS PARKWAY, SUITE 500
City-St-Zip: FRANKLIN, TN 37067

Title: VP () Delete
Name: TURNER, BRENT
Address: 6640 CAROTHERS PARKWAY, SUITE 500
City-St-Zip: FRANKLIN, TN 37067

Title: SEC () Delete
Name: HOWARD, CHRISTOPHER L
Address: 6640 CAROTHERS PARKWAY, SUITE 500
City-St-Zip: FRANKLIN, TN 37067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTOPHER L. HOWARD

SEC

01/23/2009

Electronic Signature of Signing Officer or Director

Date