FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K38047

BEHAVIORAL CONSULTANTS OF THE PALM BEACHES, INC.

						·	-		HE BERE DIE	AN BARA DION IDRA
Principal Place	of Business	, Ma	iling Address							
NEWPORT B-21			NEWPORT B-21							
DEERFIELD BEACH FL 33442		5 DEE	DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS SPACE			
\$							3. Date Incorporated or Qualified			
		4					"	10/11/1988		
2. Principal Place of Business .			2a. Mailing Address				4. FEI Number			Applied For
2. Principal Place of Business			26				"	65-0077116		Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				\dagger		\$8.75	5 Additional
<u> </u>			27				5.	Certifcate of Status Desired	Fee	Required
22 City & State			City & State				6. Election Campaign Financing S5.00 May Be			
23		28	•				•	Trust Fund Contribution		ed to Fees
Zip	Country		Zip Country				8.	This corporation owes the current year Inta	ngible	
24	25 29		,				Personal Property Tax.			
	9. Name and Address of Curr		ered Agent	1231			10.	. Name and Address of New Registered A	gent	
		7			81	Name				İ
NEV	ITT, MYER	·*		}	82	Stroot Addre	nce /E	P.O. Box Number is Not Acceptable)		
NEW	PORT B-21	÷			82	Street Addre	:33 (I	F.O. Box Humber is Not Acceptable)		
DEE	RFIELD BEACH FL 33442			ľ	83					
				ļ	_			;	7051 7	in Codo
					84	City		FL	85 Zi	ip Code
44 Dureugnt	to the provisions of Sections 607.0	502 and 60	7 1508. Florida Statu	es, the ab	ove	-named corpo	ratio	on submits this statement for the purpose of o	hanging	its registered
office or r	cointered agent or both in the Sta	te of Florid	a. Such channe was a	uthonzed	nv i	tne corporatio	n's b	oard of directors. I hereby accept the appoin	tment as	registered
agent. I a	m familiar with, and accept the obli	gations of,	Section 607.0505, Fit	riua Statu	ies.	•				
SIGNATURE	Signature, typed or printed name of registered a	ment and title if	applicable. (NOT	: Registered	Agen	t signature required	when	reinstating) DATE		
12.	OFFICERS /			13.				ADDITIONS/CHANGES TO OFFICERS AN	DIREC	TORS IN 12
TITLE	PD		☐ DELETE	1.1 TITI	LE				Chang	
NAME	NEVITT, MYER			1.2 NA	ΜE	!				
STREET ADDRESS	NEWPORT B-21			1.3 STF	REET	ADDRESS				
CITY-ST-ZIP	DEERFIELD BEACH FL			1.4 CIT						
TITLE			☐ DELETE	2.1 TIT					☐ Chang	ge 🔲 Addition
NAME		b		2.2 NA	ME.					
		i,				ADDRESS				
STREET ADDRESS		j.		2.4 CF						
CITY-ST-ZIP		2	☐ DELETE	3.1 TIT					Chang	ge 🔲 Addition
TITLE		•		3.2 NA		-				
NAME	. 🔻 .			4		ADDRESS				
STREET ADDRESS				3.4. CF						
CITY-ST-ZIP		 	☐ DELETE	4.1 TIT		15-211			Chang	ge 🗌 Addition
TITLE				4. 2 NA						
NAME						ADDRESS				
STREET ADDRESS	· ·			4.4 CIT		1				
CITY-ST-ZIP			☐ DELETE	5.1 TIT		1-211			Chan	nge Addition
TITLE			C 222.6	5.2 NA					_	
NAME		t.				ADDRESS				
STREET ADDRESS		-		5.4 CIT						
CITY-ST-ZIP			☐ DELETE	5.4 CIT		. =11			Chan	ge Addition
TITLE				6.2 NA						
NAME						T ADDRESS				
STREET ADDRESS						T 71D		•		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90011 046 ***150.00