

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L53948

FILED
Jan 05, 2009
Secretary of State

Entity Name: SOUTH BREVARD BEHAVIORAL MEDICINE, P.A.

Current Principal Place of Business:

1581 ROBERT J. CONLAN BLVD, N. E.
SUITE 101
PALM BAY, FL 32905

New Principal Place of Business:

1501 ROBERT J. CONLAN BLVD., N.E.
SUITE 150
PALM BAY, FL 32905

Current Mailing Address:

1581 ROBERT J. CONLAN BLVD, N. E.
SUITE 101
PALM BAY, FL 32905

New Mailing Address:

1501 ROBERT J. CONLAN BLVD. N.E.
SUITE 150
PALM BAY, FL 32905

FEI Number: 59-3002682

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KAPLAN, SCOTT M.
1581 ROBERT CONLAN BLVD NE STE 101
SUITE B
PALM BAY, FL 32905 US

Name and Address of New Registered Agent:

KAPLAN, SCOTT M.
1501 ROBERT J. CONLAN BLVD. N.E.
SUITE 150
PALM BAY, FL 32905 US

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:

01/05/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KAPLAN, SCOTT M.,
Address: 1528 PALM BAY RD N E
City-St-Zip: PALM BAY FL,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: SCOTT KAPLAN

PRES

01/05/2009

Electronic Signature of Signing Officer or Director

Date