


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 97 MAY -1 PM 4:06 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
FILING FEE \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # 194000000610			
INTEGRATED BEHAVIORAL HEALTH SYSTEMS, L.C. 2753 S.R. 580 SUITE 202 CLEARWATER FL 34621		1a. Principal Place of Business Address 2753 S.R. 580 SUITE 202 CLEARWATER FL 34621			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		1/09/1994	
City & State		City & State		FL	
Zip		Zip		4. FEI Number	
33761				65-0540781	
Country		Country		5. Date of Last Report	
				05/01/1996	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent			
BUTLER, J M 2753 S.R. 580 SUITE 202 CLEARWATER FL 34621		Name BUTLER, J. M. Street Address (P.O. Box Number is Not Acceptable) 2753 S.R. 580, Suite, Apt. #, etc. 202 City CLEARWATER FL Zip Code 33761			
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE <i>Jm Butler</i> (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)				DATE 4/27/97	
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BUTLER, J M	2753 S.R. 580, SUITE 101		CLEARWATER FL	
				000002171860--6 -05/08/97--01118--020 ****203.75 ****203.75 4/9/97 813-871-5471	
11. I do 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>Jm Butler</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date 4/9/97 Daytime Phone # 813-871-5471	