

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M72174** (9)

1. Corporation Name

BEHAVIORAL HEALTH ASSOCIATES, INC.

Principal Place of Business

**2631 NW 41ST ST. D-1
GAINESVILLE FL 32606**

Mailing Address

**2631 NW 41ST ST. D-1
GAINESVILLE FL 32606**

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**BILAK, MYRON D
2631 N.W. 41ST , BLDG. D-1
GAINESVILLE FL 32606**

81

Name

82

Street Address (P.O. Box Number is Not Acceptable)

83

84

City

FL

85 Zip Code

11. Pursuant to the provisions of Section 607.07, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida as authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.07(3), Florida Statutes.

SIGNATURE

Signature of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	BILAK, MYRON	
STREET ADDRESS	2631 NW 41ST ST. D-1	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

1. TITLE	☐ Change ☐ Add/Ret
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	☐ Change ☐ Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	☐ Change ☐ Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	☐ Change ☐ Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information appearing in this annual report is true and correct to the best of my knowledge and belief, 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. I declare under penalty of perjury.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/96

(352) 376-9323

CR2E034 (12/95)