

FILE NOW: FILING FEE AFTER MAY 1 IS \$50

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Mar 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. M.
Secretary of
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 32606-7441**

3. Date Incorporated or Qualified **03/08/1988** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business
21 **6400 W. Newberry Road** 2a. Mailing Address
26 **6400 W. Newberry Road**

Suite, Apt. #, etc.
22 **308** 27 **308**
City & State
23 **Gainesville, Fl.** 28 **Gainesville, Fl.**

Zip
24 **32605** 25 Country 29 **32605** 30

4. FEI Number **59-2890024** Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

11. Name
12. Street Address (P.O. Box Number is Not Acceptable)
6400 W. Newberry Road, Suite 308
13.
14. City **Gainesville, FL** 85 **FL** Zip Code **32605**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, I, the undersigned, being a duly qualified officer or registered agent, or both, in the State of Florida, do hereby certify that the information furnished by the corporation's board of directors is true and correct, and I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BILAK, MYRON 2631 NW 41ST ST. D-1 GAINESVILLE FL <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> 6400 W. Newberry Road, Suite 308 Gainesville, FL 32605 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing does not qualify for 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 correct, 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 file 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.

SIGNATURE: **[Signature]** SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)