

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M72174

1. Entity Name

BEHAVIORAL HEALTH ASSOCIATES, INC.

**FILED**  
**May 05, 2000 8:00 am**  
**Secretary of State**

05-05-2000 90111 033 \*\*\*150.00

Principal Place of Business

Mailing Address

6400 W. NEWBERRY RD  
 #308  
 GAINESVILLE FL 32605  
 US

6400 W NEWBERRY RD  
 #308  
 GAINESVILLE FL 32605-6809  
 US

2. Principal Place of Business

310 N.W. 76<sup>th</sup> DR.

3. Mailing Address

310 N.W. 76<sup>th</sup> DR.

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

A

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-2890024

Applied For

Not Applicable

Zip

32607

Country

U.S.

Zip

32607

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BILAK, MYRON D  
 6400 W NEWBERRY RD,  
 STE-888  
 GAINESVILLE FL 32605

Name BILAK, MYRON

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

310 N.W. 76<sup>th</sup> DR.

Suite A

City

GAINESVILLE

FL

Zip Code

32607

8. 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

MYRON BILAK, Ph.D. Director

*[Signature]*

3/22/00

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PT ☐ Delete  
 NAME BILAK, MYRON  
 STREET ADDRESS 6400 W NEWBERRY RD, ST-308  
 CITY-ST-ZIP GAINESVILLE FL

TITLE ☒ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS 310 N.W. 76<sup>th</sup> DRIVE, STE. A  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

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 CITY-ST-ZIP ☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/22/00 331-8010

CR2E034 (9/99)