

FILED
Feb 28, 2005 8:00 am
Secretary of State

01-28-2005 90039 033 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # M72174		
1. Entity Name BEHAVIORAL HEALTH ASSOCIATES, INC.		
Principal Place of Business 301 NW 76TH DR STE A GAINESVILLE, FL 32607 US		Mailing Address 301 NW 76TH DR STE A GAINESVILLE, FL 32607 US
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BILAK, MYRON D 310 NW 76TH DR STE A GAINESVILLE, FL 32607		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 24 Jan 05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT BILAK, MYRON 310 NW 76TH DR. STE A GAINESVILLE, FL 32607	
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		2/25/05 <small>Date Daytime Phone #</small>