

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006084

FILED
Jan 12, 2006
Secretary of State

Entity Name: MILLENNIUM BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

900 UNIVERSITY BLVD N, STE 700
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

900 UNIVERSITY BLVD N, STE 700
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 59-3742737

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SOMMERS, ROBERT A PHD
900 UNIVERSITY BLVD N, STE 700
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DC () Delete
Name: JOHNSON, HENRY JR
Address: 2933 NORTH MYRTLE AVENUE, SUITE 200
City-St-Zip: JACKSONVILLE, FL 32209

Title: DVC () Delete
Name: LOAR, KENTON MBA
Address: 3901 S. FLAGLER DRIVE, UNIT 1005
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DP () Delete
Name: SOMMERS, ROBERT A PHD
Address: 900 UNIVERSITY BLVD N, STE 700
City-St-Zip: JACKSONVILLE, FL 32211

Title: DTS () Delete
Name: GREGORY, E C
Address: 12874 DUNES COURT
City-St-Zip: JACKSONVILLE, FL 32225

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT A SOMMERS

DP

01/12/2006

Electronic Signature of Signing Officer or Director

Date