2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N0100006084

MILLENNIUM BEHAVIORAL HEALTH SERVICES, INC.



FILED Jan 31, 2007 8:00 am Secretary of State 01-31-2007 90030 024 ****70.00

Principal Place of Business 900 UNIVERSITY BLVD N, STE 700 JACKSONVILLE, FL 32211		Mailing Address 900 UNIVERSITY BLVD N, STE 700 JACKSONVILLE, FL 32211				400	00679)3			
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Ad	dress								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.			011920	007 (Chg-NP	CI	R2E037 (12/06)	
City & State		City & State			4. FEI N 59-	tumber 37427	37	-		Applied For Not Applicable	
Zip	Country	Zip	(Country	5. Certif	ficate of	Status Des	ired x	\$8.75	dditional	
	6. Name and Address of Current	Registered Age	nt		7. Name	and Ac	Idress of N	lew Regis	tered Agent		
SOMMERS	S ROBERT A PHD			Name							
SOMMERS, ROBERT A PHD 900 UNIVERSITY BLVD N, STE 700 JACKSONVILLE, FL 32211			Street Address ((P.O. Box Number is Not Acceptable)					
				City					FL Zip Co	ode	
8. The above the obligat	named entity submits this statement folions of registered agent.	or the purpose of	changing its regis	stered office or re	egistered agent, o	or both, i	in the State	of Florida.	I am familiar wit	th, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Regis	stered Agent signature	e required when reinstati	ng)			DATE	 -	
Filing Fee is \$61.25			Election Campaig	an Financing	\$5.00 N	day Ba	Т	Make	check payable		
		I				viay be	1				
	Due by May 1, 2007		Trust Fund Contri	ibution. [Added to	Fees		Florida I	Department of	State	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 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 ROBert Sommers,

904-743-1883 extension 252