

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Feb 17, 2011
Secretary of State

Entity Name: MILLENNIUM BEHAVIORAL HEALTH SERVICES, INC.

Current Principal Place of Business:

10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 19249
JACKSONVILLE, FL 32245 92

New Mailing Address:

P. O. BOX 19249
JACKSONVILLE, FL 32245

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
10550 DEERWOOD PARK BOULEVARD
SUITE 600
JACKSONVILLE, FL 32256 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
Name: JOHNSON, HENRY JR
Address: 8933 ELIZABETH FALLS DRIVE
City-St-Zip: JACKSONVILLE, FL 32257

Title: DVC
Name: LOAR, KENTON MBA
Address: 3901 SOUTH FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

Title: DP
Name: SOMMERS, ROBERT A PHD
Address: 10550 DEERWOOD PARK BOULEVARD, STE. 600
City-St-Zip: JACKSONVILLE, FL 32256

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

I hereby 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 all other like empowered.

SIGNATURE: ROBERT SOMMERS

DP

02/17/2011

Electronic Signature of Signing Officer or Director

Date