

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008590

FILED
Apr 12, 2007
Secretary of State

Entity Name: HEALTH AND BEHAVIORAL DIMENSIONS, INCORPORATED

Current Principal Place of Business:

2112 SW 81 WAY
DAVIE, FL 33324

New Principal Place of Business:

2112 SW 81ST WAY
DAVIE, FL 33324

Current Mailing Address:

2112 SW 81 WAY
DAVIE, FL 33324

New Mailing Address:

2112 SW 81ST WAY
DAVIE, FL 33324

FEI Number: 65-1162834

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SEIDLER, VIRGINIA
2112 SW 81ST WAY
FORT LAUDERDALE, FL 33324 US

Name and Address of New Registered Agent:

SEIDLER, VIRGINIA
2112 SW 81ST WAY
DAVIE, FL 33324 US

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:

04/12/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BULLARD, RENETTA
Address: 1040 SANDALWOOD LANE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: SEIDLER, VIRGINIA
Address: 2112 SW 81 WAY
City-St-Zip: DAVIE, FL 33324

Title: D () Delete
Name: DECKER, FAY
Address: 10311 NW 18 DR
City-St-Zip: PLANTATION, FL 33322

Title: D () Delete
Name: STACHOWIAK, BARBARA
Address: 10757 CLEARY BLVD BLDG 8 UNIT 111
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: D () Delete
Name: SEAWRIGHT, TRACY
Address: 11 TROON CT
City-St-Zip: SOMERSET, KY 425035620

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: REEVES, RENETTA
Address: 1040 SANDALWOOD LANE
City-St-Zip: WESTON, FL 33326

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: D (X) Change () Addition
Name: SEAWRIGHT, TRACY
Address: 9923 SHADOWLAKE LANE
City-St-Zip: FT. WAYNE, FL 46835

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: VIRGINIA SEIDLER

DIR.

04/12/2007

Electronic Signature of Signing Officer or Director

Date