

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008590

FILED
Jan 20, 2011
Secretary of State

Entity Name: HEALTH AND BEHAVIORAL DIMENSIONS, INCORPORATED

Current Principal Place of Business:

2060 SW 33RD AVENUE
FT. LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

2269 SOUTH UNIVERSITY DRIVE
SUITE 338
DAVIE, FL 33324

New Mailing Address:

FEI Number: 65-1162834 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENBLATT, VIRGINIA R D
3600 NW 91ST WAY
HOLLYWOOD, FL 33024 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: D
Name: REEVES, RENETTA
Address: 1040 SANDALWOOD LANE
City-St-Zip: WESTON, FL 33326

Title: D
Name: GREENBLATT, VIRGINIA R
Address: 3600 NW 91ST WAY
City-St-Zip: HOLLYWOOD, FL 33024

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

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

Title: D
Name: SEAWRIGHT, TRACY
Address: 920 NW 86TH AVE APT 1102
City-St-Zip: PLANTATION, FL 33324

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: VIRGINIA GREENBLATT

D.

01/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date