


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2005 8:00 am
Secretary of State

03-24-2005 90027 030 ****70.00

DOCUMENT # N04000000962					
1. Entity Name BRILLIANT MINDS MEDICAL AND BEHAVIORAL SOLUTIONS UNLIMITED, INC.					
Principal Place of Business 36468 EMERALD COAST PARKWAY SUITE 2102 DESTIN, FL 32541			Mailing Address 36468 EMERALD COAST PARKWAY SUITE 2102 DESTIN, FL 32541		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc. <i>Suite 2101</i>		Suite, Apt. #, etc. <i>Suite 2101</i>			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
4. FEI Number 20-0670308					
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent KING, JENNIFER 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541			7. Name and Address of New Registered Agent Name <i>Gina Ballone MS BCBA</i> Street Address (P.O. Box Number is Not Acceptable) <i>36468 Emerald Coast Parkway Suite 2101</i> City <i>Destin</i> FL <i>32541</i>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Gina Ballone</i> DATE <i>3/16/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete GROSS, KENNETH 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Fulmer, Tim CPA 4460 Legendary Dr. Suite 100 Destin, FL 32541	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEURINDA, ANA 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete LEURINDA, MARIO 36468 EMERALD COAST PARKWAY SUITE 2101 DESTIN, FL 32541		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>[Signature]</i>			Date <i>3/16/05</i> Daytime Phone #		