

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000000962

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** BRILLIANT MINDS MEDICAL AND BEHAVIORAL SOLUTIONS UNLIMITED, INC.

**Current Principal Place of Business:**

36468 EMERALD COAST PARKWAY  
SUITE 2101  
DESTIN, FL 32541

**New Principal Place of Business:**

4636 GULF STARR  
DESTIN, FL 32541

**Current Mailing Address:**

36468 EMERALD COAST PARKWAY  
SUITE 2101  
DESTIN, FL 32541

**New Mailing Address:**

PO BOX 1646  
DESTIN, FL 32540

**FEI Number:** 20-0670308

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BALLONE, GINA MS BCBA  
36468 EMERALD COAST PARKWAY  
SUITE 2101  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

BALLONE, GINA MS BCBA  
4636 GULF STARR  
DESTIN, FL 32541 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:

04/28/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RIGDON, CHARLES  
Address: 506 HWY 98  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: LEURINDA, ANA  
Address: 4636 GULF STARR  
City-St-Zip: DESTIN, FL 32541

Title: D  
Name: BALLONE, GINA  
Address: 4636 GULF STARR  
City-St-Zip: DESTIN, FL 32541

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: ANA LEURINDA

D

04/28/2010

Electronic Signature of Signing Officer or Director

Date