


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 040 ****61.25

DOCUMENT # N94000004553	
1. Entity Name BEHAVIORAL HEALTH MANAGEMENT SERVICES, INC.	

Principal Place of Business 300 PINELLAS STREET ADLER 5 CLEARWATER, FL 33756	Mailing Address 300 PINELLAS STREET ADLER 5 CLEARWATER, FL 33756
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40060335

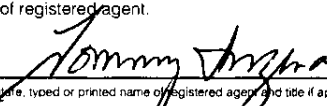


2. Principal Place of Business - No P.O. Box #	3. Mailing Address 16225 BAY VISTA DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State Clearwater, FL
Zip	Country
	Zip 33760 Country Pinellas

02222007 Chg-NP CR2E037 (12/06)

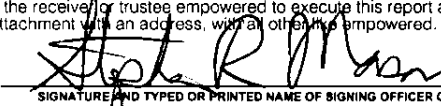
4. FEI Number 59-3279573	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MARQUARDT, EMIL C JR. 625 COURT STREET, 2ND FLOOR CLEARWATER, FL 33756	
7. Name and Address of New Registered Agent Name INZINA, THOMAS Street Address (P.O. Box Number is Not Acceptable) 16255 BAY VISTA DRIVE City Clearwater FL Zip Code 33760	

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 	DATE 4/2/07
(NOTE: Registered Agent signature required when reinstating)	

Filing Fee is \$61.25 Due by May 1, 2007	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASON, STEPHEN R 16331 BAY VISTA DR CLEARWATER, FL 33760 <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	C FERRARA, RAY 611 DRUID RD E, #105 CLEARWATER, FL 33756 <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	D BEAUCHAMP, PHILIP K 300 PINELLAS STREET CLEARWATER, FL 33756 <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	D COURIS, JOHN 1240 SOUTH FORT HARRISON CLEARWATER, FL 33756 <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	D FIGURSKI, JERRY 2550 PERMIT PLACE NEW PORT RICHEY, FL 34655 <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	D KYES, FORD 1200 7TH AVENUE NORTH ST. PETERSBURG, FL 33705 <input checked="" 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 exemptions contained 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 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 officers empowered.	
SIGNATURE: 	DATE 4/2/07 DAYTIME PHONE # 727-820-8005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	