

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000004553

FILED
Apr 15, 2008
Secretary of State

Entity Name: BEHAVIORAL HEALTH MANAGEMENT SERVICES, INC.

Current Principal Place of Business:

300 PINELLAS STREET
ADLER 5
CLEARWATER, FL 33756

New Principal Place of Business:

Current Mailing Address:

16225 BAY VISTA DR
CLEARWATER, FL 33760

New Mailing Address:

FEI Number: 59-3279573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INZINA, THOMAS
16255 BAY VISTA DR
CLEARWATER, FL 33760 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: PD () Delete
Name: MASON, STEPHEN R
Address: 16331 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: C () Delete
Name: FERRARA, RAY
Address: 611 DRUID RD E, #105
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: BEAUCHAMP, PHILIP K
Address: 300 PINELLAS STREET
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: COURIS, JOHN
Address: 1240 SOUTH FORT HARRISON
City-St-Zip: CLEARWATER, FL 33756

Title: D (X) Delete
Name: FIGURSKI, JERRY
Address: 2550 PERMIT PLACE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MASON, STEPHEN R
Address: 16255 BAY VISTA DR
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: INZINA, THOMAS
Address: 16255 BAY VISTA DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS INZINA

D

04/15/2008

Electronic Signature of Signing Officer or Director

Date