

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90069 009 \*\*\*\*70.00

ANNUAL REPORT  
**1999**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

DOCUMENT # **N98000000470**

1. Corporation Name  
**BEHAVIORAL HEALTH NETWORK, INC.**

Principal Place of Business  
**11936 W 8TH ST.  
 MIAMI FL 33184**

Mailing Address  
**11936 W 8TH ST.  
 MIAMI FL 33184**



21. Principal Place of Business <b>11936 S.W. 8th St.</b>	2A. Mailing Address <b>8350 NW 52nd Ter</b>	3. Date Incorporated or Qualified <b>01/27/1998</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc. <b>Suite 103</b>	4. FEI Number <b>65-0812070</b>
23. City & State <b>Miami FL</b>	27. City & State <b>Miami FL</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip <b>33184</b>	28. Zip <b>33166</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent  
**DE LA O. MARKO  
 Attorneys at Law  
 3001 S.W. THIRD AVENUE  
 HISTORIC CORAL WAY  
 MIAMI, FLORIDA 33129**

10. Name and Address of New Registered Agent  
 81. Name  
 82. Street Address (P.O. Box Number is Not Acceptable)  
 83.  
 City **FL** Zip Code

TT. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **Marko de la O** DATE **7-22-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PS</b>	NAME <b>SALAZAR AIDA</b>	1.1 TITLE <b>SALAZAR Lisette</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>11936 W 8TH ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33184</b>	1.2 NAME <b>11936 S.W. 8th St.</b>	
		1.3 STREET ADDRESS <b>Miami FL 33184</b>	
		1.4 CITY-ST-ZIP	
TITLE <b>VT</b>	NAME <b>SALAZAR NELSON</b>	2.1 TITLE <b>SALAZAR AIDA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>11936 W 8TH ST.</b>	CITY-ST-ZIP <b>MIAMI FL 33184</b>	2.2 NAME <b>11936 S.W. 8th St.</b>	
		2.3 STREET ADDRESS <b>Miami FL 33184</b>	
		2.4 CITY-ST-ZIP	
TITLE	NAME	3.1 TITLE <b>SALAZAR Nelson</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	3.2 NAME <b>11936 SW 8th St.</b>	
		3.3 STREET ADDRESS <b>Miami FL 33184</b>	
		3.4 CITY-ST-ZIP	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

FF. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 and the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, with an appointment with an address, with all other like empowered.

SIGNATURE: **[Signature]** DATE **4-12-99** (305) 463-0975

CP27017 (11/98)