

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 15, 2000 8:00 am**  
**Secretary of State**

03-15-2000 90109 013 \*\*\*\*70.00

**DOCUMENT # N98000000470**

1. Entity Name

**BEHAVIORAL HEALTH NETWORK, INC.**

Principal Place of Business

Mailing Address

~~11936 SW 8TH ST  
 MIAMI FL 33184~~

8350 NW 52ND TERR  
 SUITE 100  
 MIAMI FL 33166-9706

CU038138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4941 SW 74th CT.  
 Suite, Apt. #, etc.

4941 SW 74th CT  
 Suite, Apt. #, etc.

City & State

City & State

Miami FL

Miami FL

4. FEI Number

65-0812070

Applied For

Not Applicable

Zip

Country

Zip

Country

33155

DADE

33155

DADE.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MARKO, DE LA O  
 3001 SW THIRD AVENUE  
 HISTORIC CORAL WAY  
 MIAMI FL 33129

Name: AIDA SALAZAR  
 Street Address (P.O. Box Number is Not Acceptable):  
 4941 SW 74th CT.

City: Miami

FL

Zip Code: 33155

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-10-2000

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	D	SALAZAR, AIDA	11936 SW 8TH ST MIAMI FL 33184	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	T	SALAZAR, NELSON	11936 SW 8TH ST MIAMI FL 33184	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
	D	LISSETTE, SPLAZAR SALAZAR	11936 SW 8TH ST MIAMI FL 33184	<input type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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 an other like empowered.

SIGNATURE:

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-2000

Date

305-668-4576

Daytime Phone #

CR2E037 (9/99)