

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 31, 2001 8:00 am**  
**Secretary of State**

08-31-2001 90002 010 \*\*\*\*70.00

**DOCUMENT # N98000000470**

1. Entity Name

**BEHAVIORAL HEALTH NETWORK, INC.**

Principal Place of Business

Mailing Address

**4941 SW 74TH CT  
 MIAMI FL 33155**

**4941 SW 74TH CT  
 MIAMI FL 33155**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0812070**

Applied For  
 Not Applicable

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

**SALAZAR, AIDA Aida**  
**4941 SW 74TH CT**  
**MIAMI FL 33155**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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)

DATE

**FILE NOW: FEE IS \$61.25**  
**After September 12, 2001, min. will be \$236.25**

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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, AIDA</b>	
STREET ADDRESS	<b>4941 SW 74TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>SALAZAR, NELSON</b>	
STREET ADDRESS	<b>4941 SW 74TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LISSETTE, SPLAZAR SALAZAR</b>	
STREET ADDRESS	<b>4941 SW 74TH CT</b>	
CITY-ST-ZIP	<b>MIAMI FL 33155</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 all other like empowered.

SIGNATURE:

**REQUIRED**

08/21/01 305-668-4570

CR2E037 (5/01)