

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000003892

FILED
Jan 14, 2008
Secretary of State

Entity Name: BEHAVIOR ANALYSIS AND THERAPY, INC.

Current Principal Place of Business:

1093 SHOTGUN ROAD
SUNRISE, FL 33326

New Principal Place of Business:

Current Mailing Address:

1093 SHOTGUN ROAD
SUNRISE, FL 33326

New Mailing Address:

FEI Number: 65-0842110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STARIN, STEPHEN
1012 SPOONBILL CIRCLE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

STARIN, STEPHEN DR.
1012 SPOONBILL CIRCLE
WESTON, FL 33326 US

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: STEPHEN STARIN

01/14/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: STARIN, STEPHEN
Address: 1012 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: MARUSSICH, SILVIA
Address: 1012 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

Title: D () Delete
Name: HULSEY, ROBIN
Address: 34 GABLES BLVD.
City-St-Zip: WESTON, FL 33326

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change () Addition
Name: STARIN, STEPHEN
Address: 1012 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MRS. (X) Change () Addition
Name: MARUSSICH, SILVIA
Address: 1012 SPOONBILL CIRCLE
City-St-Zip: WESTON, FL 33326

Title: MS. (X) Change () Addition
Name: HULSEY, ROBIN
Address: 34 GABLES BLVD.
City-St-Zip: WESTON, FL 33326

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: STEPHEN STARIN

DR.

01/14/2008

Electronic Signature of Signing Officer or Director

Date