


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

-FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN -5 AM 8:25

|  |                                   |   |  |   |  |
|--|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # P02000011486</b><br>1. Entity Name<br><b>BEHAVIORAL HEALTH CENTER OF NORTH FLORIDA, INC.</b>   |                                   |   |  |                |  |
| Principal Place of Business<br><b>1233 RONDS POINTE DRIVE EAST<br/>TALLAHASSEE, FL 32312</b>   |                                   | Mailing Address<br><b>1233 RONDS POINTE DRIVE EAST<br/>TALLAHASSEE, FL 32312</b>                                    |  |   |  |
| 2. Principal Place of Business   |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |                                   | Suite, Apt. #, etc.   |  |   |  |
| City & State   |                                   | City & State  |  | 01052006    Chg-P    CR2E034 (11/05)  |  |
| Zip  |                                   | Country   |  | 4. FEI Number<br><b>61-1405943</b> Applied For<br>Not Applicable                                |  |
| Zip  |                                   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent<br><br><b>LANGLEY, MERLIN R<br/>1233 RONDS POINTE DRIVE EAST<br/>TALLAHASSEE, FL 32312</b>   |                                   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.  |                                   |   |  |   |  |
| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                                   |   |  |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2006 Fee will be \$550.00</b>  |                                   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |   |  |
| 10. OFFICERS AND DIRECTORS   |                                   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME   | LANGLEY, MERLIN R                 | NAME  |  |   |  |
| STREET ADDRESS   | 1233 RONDS POINTE DRIVE EAST      | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32312             | CITY-ST-ZIP   |  |   |  |
| TITLE  | D <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |
| NAME   | NELSON-LANGLEY, YVONNE            | NAME  |  |   |  |
| STREET ADDRESS   | 1233 RONDS POINTE DRIVE EAST      | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP  | TALLAHASSEE, FL 32312             | CITY-ST-ZIP   |  |   |  |
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| STREET ADDRESS   |                                   | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP   |  |   |  |
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| STREET ADDRESS   |                                   | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP   |  |   |  |
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| NAME   |                                   | NAME  |  |   |  |
| STREET ADDRESS   |                                   | STREET ADDRESS  |  |   |  |
| CITY-ST-ZIP  |                                   | CITY-ST-ZIP   |  |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: <i>Merlin R. Langley</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                                   | Date: <b>1/5/06</b>   |  | Daytime Phone #: <b>894-3089</b>  |  |



01052006    Chg-P    CR2E034 (11/05)

4. FEI Number **61-1405943**    Applied For Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

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|--|--|--|--|
| 6. Name and Address of Current Registered Agent                            |  | 7. Name and Address of New Registered Agent        |  |
| LANGLEY, MERLIN R<br>1233 RONDS POINTE DRIVE EAST<br>TALLAHASSEE, FL 32312 |  | Name   |  |
|  |  | Street Address (P.O. Box Number is Not Acceptable) |  |
|  |  | City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| NAME                       |                                   | NAME  |   |
| STREET ADDRESS             |                                   | STREET ADDRESS  |   |
| CITY-ST-ZIP                |                                   | CITY-ST-ZIP   |   |

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01/05/06--01010--012    \*\*150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 607, 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: *Merlin R. Langley*    Date: **1/5/06**    Daytime Phone #: **894-3089**

*9/5*