

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000045138

FILED
Apr 30, 2008
Secretary of State

Entity Name: BIRKMIRE BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730

New Principal Place of Business:

1601 DODD ROAD
WINTER PARK, FL 32792

Current Mailing Address:

237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730

New Mailing Address:

1601 DODD ROAD
WINTER PARK, FL 32792

FEI Number: 03-0426447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIRKMIRE, REX A M.D.
237 FERNWOOD BLVD.
SUITE
CASSELBERRY, FL 32730 US

Name and Address of New Registered Agent:

BIRKMIRE, REX A M.D.
1601 DODD ROAD
WINTER PARK, FL 32792 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: REX BIRKMIRE

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: BIRKMIRE, REX A M.D.
Address: 237 FERNWOOD BOULEVARD
City-St-Zip: CASSELBERRY, FL 32730

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BIRKMIRE, REX A M.D.
Address: 1601 DODD ROAD
City-St-Zip: WINTER PARK, FL 32792

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REX BIRKMIRE

PRES

04/30/2008

Electronic Signature of Signing Officer or Director

Date