P03000021586

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
· · · · · · · · · · · · · · · · · · ·		



100023269071

09/29/03--01044--004 **35.00

O3 SEP 29 PM 1:58

RA Marge

Office Use Only

TRANSMITTAL LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: AVENTURA BET (Nam DOCUMENT NUMBER: PO30005	HAULORAL GROUP, INC ne of corporation) 21586
	od Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Juli A OTALVO (Name of person)	(OJALNO)
AVENTUKA BEHAVIORAL (Name of firm/company)	GROUP, INC.
. 20822 IN DIXIE HU	Y
Mirmi FL, 33180 (City/state and zip code)	
For further information concerning this matter,	
JULIA OTALVO at (Name of person)	(Area code & daytime telephone number)
Enclosed is a \$35.00 check made payable to the	e Department of State.
Division of Corporations Division of P.O. Box 6327 Division of 409 E. Ga	idress: ent Section of Corporations unes Street

38414.4 2

TO:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the	e provisions of se	ections 607.0502	2, 617.050 <mark>2,</mark> 60	7.1508, or 617.1508,	Florida Statu	ites,
				d under the laws of the		
FLORIDA	\leftarrow in order t	o c <mark>hange its re</mark> g	istered office o	r registered agent, or	both, in the S	late
of Florida.						1 -
1. The name of	the corporation:			HVIORAL GI		
2. The principal	l office address:_	20822	W. DIKI	E HWY., M	IAMI, F	<u>(.33</u> (80)
3. The mailing	address (if differe	nt): 5 0ME				
4. Date of incom	rporation/qualific	ation: 2/21	03 I	Document number: <u>f</u>		
	d street address our artment of State:	f the current reg	istered agent an	d registered office on i	file with the	_
	JUL	IA OJI	4LVO		- ・ - ・ <u> </u>	6 M
	20351	NE 21	STE AV	ENUE	T.C.	1/2 /
		MAMI BE		, _	- 4	
6. The name a changed):	nd street address		istered agent (i	f changed) and /or re	gistered office	3 58 50 AL 1.50
		Q. W. Di		y. (Mble)	 ·	A
	MiA	Mi. FL.	33180			
				of the business office		
			adopted by its l been notified in	poard of directors or b writing of the change	y an officer s	0
(Signature of an office	a, confinent or vice cuain	PRES.	-	IA OJALVO ripted or typed name and title)		•
I hereby accept I further agree performance of registered ages office address,	t the appointment to comply with the f my duties, and I nt. Or, if this doc I hereby confirm	t as registered a he provisions of am familiar wi ument is being j that the corpor	gent and agree all statutes rel th and accept the filed merely to ation has been	to act in this capacity ative to the proper and we obligation of my po reflect a change in the notified in writing of t	d complete sition as registered his change.	
Lin	-/XX	>		9/25/03	- -	
	Signature of Registered A	Sterr)		(CAME)	** *	- 5
If signing on beha	OJALVO			PRESIDENT		
JULIA ((Typed or Printed Name)			(Capacity)	· · · · · · · · · · · · · · · · · · ·	•

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314