2008 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 29, 2008
Secretary of State

DOCUMENT# P04000035626

Entity Name: APPLIED CONCEPTS IN MENTAL HEALTH, INC.

Current Principal Place of Business:

12565 ORANGE DRIVE
SUITE #203
DAVIE, FL 33330

New Principal Place of Business:

13730 NW 6TH COURT
NORTH MIAMI, FL 33168

Current Mailing Address:

12565 ORANGE DRIVE
SUITE #203
DAVIE, FL 33330

New Mailing Address:

13730 NW 6TH COURT
NORTH MIAMI, FL 33168

FEI Number: 20-0864983 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EDWARD MORROW, MBA, CPA, P.A.
6148 RIVIERA LANE
NEW PORT RICHEY, FL 34655 US

Name and Address of New Registered Agent:

GRAHAM, MONIQUE
13730 NW 6TH COURT
NORTH MIAMI, FL 33168 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: MONIQUE GRAHAM 10/29/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAHAM, BONNIE
Address: 3700 SW 54TH STREET
City-St-Zip: DANIA, FL 33312

Title: VSD ( ) Delete
Name: GRAHAM, MONIQUE
Address: 14131 SW 33RD COURT
City-St-Zip: DAVIE, FL 33330

Title: TD (X) Delete
Name: MORROW, EDWARD
Address: 6148 RIVIERA LANE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VSTD (X) Change ( ) Addition
Name: GRAHAM, MONIQUE
Address: 14131 SW 33RD COURT
City-St-Zip: DAVIE, FL 33330

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MONIQUE GRAHAM VSTD 10/29/2008
Electronic Signature of Signing Officer or Director Date