

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000035626

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** APPLIED CONCEPTS IN MENTAL HEALTH, INC.

**Current Principal Place of Business:**

13730 NW 6TH COURT  
NORTH MIAMI, FL 33168

**New Principal Place of Business:**

**Current Mailing Address:**

13730 NW 6TH COURT  
NORTH MIAMI, FL 33168

**New Mailing Address:**

**FEI Number:** 20-0864983

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRAHAM, MONIQUE  
13730 NW 6TH COURT  
NORTH MIAMI, FL 33168 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: MONIQUE GRAHAM

VSTD

03/18/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date