

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000045854

**FILED**  
**Feb 10, 2011**  
**Secretary of State**

**Entity Name:** FAMILY ENRICHMENT AND BEHAVIORAL HEALTH SYSTEMS II, INC.

**Current Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 118  
MIRAMAR, FL 33023

**New Principal Place of Business:**

6151 MIRAMAR PARKWAY  
SUITE 117  
MIRAMAR, FL 33023

**Current Mailing Address:**

6151 MIRAMAR PARKWAY  
SUITE 118  
MIRAMAR, FL 33023

**New Mailing Address:**

6151 MIRAMAR PARKWAY  
SUITE 117  
MIRAMAR, FL 33023

**FEI Number:** 56-2451756

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JOSEPH, YVES  
711 SW 49 TER  
MARGATE, FL 33068 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: DPST  
Name: JOSEPH, YVES  
Address: 711 SW 49 TER  
City-St-Zip: MARGATE, FL 33065

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: YVES JOSEPH

DPST

02/10/2011

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

\_\_\_\_\_  
Date