

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000083121

**FILED**  
**Jan 14, 2012**  
**Secretary of State**

**Entity Name:** POSITIVE BEHAVIOR TREATMENTS, INC.

**Current Principal Place of Business:**

1400 N.E. MIAMI GARDENS DRIVE  
206 B  
MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

2120 NE 191ST DRIVE  
NORTH MIAMI BEACH, FL 33179

**New Mailing Address:**

2120 NE 191ST DRIVE  
206 B  
NORTH MIAMI BEACH, FL 33179

**FEI Number:** 20-1464744

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KORNER, JACQUELINE  
2120 NE 191ST DRIVE  
NORTH MIAMI BEACH, FL 33179 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: DPS  
Name: KORNER, JACQUELINE  
Address: 2120 NE 191ST DRIVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: JACQUELINE KORNER

DPS

01/14/2012

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

\_\_\_\_\_  
Date