

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000135935

FILED
Feb 03, 2008
Secretary of State

Entity Name: NEUROBEHAVIORAL SERVICES, INC.

Current Principal Place of Business:

100 MIRACLE MILE, SUITE 330
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 14-2064
CORAL GABLES, FL 33114 US

New Mailing Address:

FEI Number: 57-1214786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HERRERA, JORGE A
2801 PONCE DE LEON BLVD.
SUITE 780
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

HERRERA, JORGE A
100 MIRACLE MILE
SUITE 330
CORAL GABLES, FL 33134 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: _____

Electronic Signature of Registered Agent

02/03/2008

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HERRERA, JORGE A
Address: 100 MIRACLE MILE, SUITE 330
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VP () Delete
Name: DIEGUEZ, NORA
Address: 100 MIRACLE MILE, SUITE 330
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S () Delete
Name: VILCHES, ADRIANA D
Address: 100 MIRACLE MILE, SUITE 330
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NORA DIEGUEZ

Electronic Signature of Signing Officer or Director

VP

02/03/2008

Date