

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053226

FILED
Mar 14, 2006
Secretary of State

Entity Name: PREMIER BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

1400 MILITARY TRAIL
SUITE 202
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

1400 MILITARY TRAIL
SUITE 202
DELRAY BEACH, FL 33484

New Mailing Address:

FEI Number: 20-2734110

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEESE, CHARLIE
1400 MILITARY TRAIL
SUITE 202
DELRAY BEACH, FL 33484 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: FEESE, CHARLIE
Address: P.O. BOX 220
City-St-Zip: SULLIVAN, MO 63080

Title: V () Delete
Name: FEESE, JAMES
Address: P.O. BOX 220
City-St-Zip: SULLIVAN, MO 63080

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S () Change (X) Addition
Name: POTERE, LINDA
Address: 8920 EQUUS CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby certify that the information supplied with this filing does not qualify for the 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: LINDA POTERE

S

03/14/2006

Electronic Signature of Signing Officer or Director

Date