2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000108475

Entity Name: BEHAVIORAL HEALTH GROUP, INC.

FILED Aug 31, 2006 Secretary of State

Current Principa	al Place of Business:	New Principal Place of Business:

4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021

3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

Current Mailing Address: New Mailing Address:

4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021

3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021

HOLLYWOOD, FL 33021

FEI Number: 20-3924154 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ORLOWSKY, NACHMAN
4700 SHERIDAN STREET
SUITE G
HOLLYWOOD, FL 33021 US
ORLOWSKY, NACHMAN
3700 WASHINGTON STREET
SUITE 304
HOLLYWOOD, FL 33021 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: 08/31/2006

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name: MAJORS, DARREN Name: MAJORS, DARREN
Address: 4700 SHERIDAN STREET SUITE G Address: 3700 WASHINGTON STREET SUITE 30

Address: 4700 SHERIDAN STREET SUITE G Address: 3700 WASHINGTON STREET SUITE 304 City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

Title: VPS () Delete Title: VPS (X) Change () Addition

Name: ORLOWSKY, NACHMAN Name: ORLOWSKY, NACHMAN

Address: 4700 SHERIDAN STREET SUITE G Address: 3700 WASHINGTON STREET SUITE 304

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: HOLLYWOOD, FL 33021

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: NACHMAN ORLOWSKY SECT 08/31/2006