


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

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|---|---|
| DOCUMENT # P05000108475 1. Entity Name BEHAVIORAL HEALTH GROUP, INC. |  |
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| Principal Place of Business 3700 WASHINGTON STREET SUITE 304 HOLLYWOOD, FL 33021 | Mailing Address 3700 WASHINGTON STREET SUITE 304 HOLLYWOOD, FL 33021 |
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04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 20-3924154 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent ORLOWSKY, NACHMAN 3700 WASHINGTON STREET SUITE 304 HOLLYWOOD, FL 33021 |
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MAJORS, DARREN 3700 WASHINGTON STREET SUITE 304 HOLLYWOOD, FL 33021 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP S ORLOWSKY, NACHMAN 3700 WASHINGTON STREET SUITE 304 HOLLYWOOD, FL 33021 |
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| <p>U000000740777 05/15/07-80002-018 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p> |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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|---|------------------------|--|
| SIGNATURE:  | 4/27/07 Date | 954 961-1500 Daytime Phone # |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | |