## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000128806

Entity Name: ADAPT BEHAVIORAL SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

Elluty Na	Me: ADAPID	EHAVIORAL SERVICES, INC	J.					
Current Principal Place of Business:				New Principal Place of Business:				
459 MINNEHAHA ROAD MAITLAND, FL 32751 Current Mailing Address:				225 S. SWOOPE AVE. 107 MAITLAND, FL 32751 <b>New Mailing Address:</b>				
FEI Number	: 20-5708619	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certifica	te of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
459 MINNI MAITLANE The above		US ubmits this statement for the	purpose o	f changing i	ts registered o	office or r	egistered agent, or bo	oth,
	e of Florida.							
SIGNATUI	Electron	ic Signature of Registered Ag	jent				Date	_
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PVPS () OLDER, SHARO 459 MINNEHAH MAITLAND, FL	A ROAD		Title: Name: Address: City-St-Zip:	(	) Change(	( ) Addition	
Title: Name: Address: City-St-Zip:	T () OLDER, SHARO 459 MINNEHAH MAITLAND, FL	A ROAD		Title: Name: Address: City-St-Zip:	T (X OLDER, JOSE 459 MINNEHAI MAITLAND, FL	PH HA ROAD	( ) Addition	

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: SHARON OLDER PVPS 04/30/2008