## **2004 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 29, 2004 8:00 am Secretary of State 04-29-2004 90211 028 \*\*\*150.00

DOCUMENT # P06441							04-29-20	04 90211 028 ****	"150.00
1. Entity Name PREMIER BEHAVIORAL SOLUTIONS, INC.									
Principal Plac	Mailing Address		-						
ONE ALHAME	BRA PLACE		ONE ALHAMBRA PLACE						
STE 750	ES, FL 33134 US		STE 750 CORAL GABLES, FL 33134 US					•	
	Place of Business  Palocard Lar		3. Mailing Address 113 Scaboard Lane						
Suite, Apt.		76	Suite, Apt. #, etc.			04162004	Cha D	CB2E024 (10(02)	
Suite C-100			Suite C-100				Chg-P	CR2E034 (10/03)	
City & State Franklin TN			City & State Franklin TN			4. FEI Number Applied For 63-0857352 Not Applicable			
Zip	Country		Zip	Country			of Status Desired	□ \$8.75 Add	
Zip 370	<u>067   0</u>	<u>S</u>	37067	<u> </u>				Fee Require	d
	6. Name and Addre	ss of Current Reg	Istered Agent	Name:	7. Name and Address of New Registered Agent				
	ATION SERVICE C		-  -						
	S STREET SSEE, FL 32301-2	525		Street	Street Address (P.O. Box Number is Not Acceptable)				
IVEÉVIÉV	30LL, I L 32301-2	J2J							
					City FL Zip Code				
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.	Signature, typed or printed name	e of registered agent and life	le il applicable. (NOTE	: Registered Agent sign	ature required	d when rainstating)	ngaga Manda	DATE	
		NB.AL.							
After Ma	E NOW!!! FEE IS : ay 1, 2004 Fee wi	II be \$550.00	9. Election Campai Trust Fund Contr	ibution.		.00 May Be led to Fees			
10.	OFFICERS AND DIRECTORS  CB  Delete				0.7	····	CHANGES TO OFF	ICERS AND DIRECTOR	
TITLE NAME	CB  RAMSAY, PAUL			TITLE NAME	P/	u ey A. Jac	obs	Change	Addition
STREET ADDRESS	156 PACIFIC HWY STE 103			STREET ADDRESS	113	Seaboard	lane ≤u	AC C-100	
CITY-ST-ZIP	SYDNEY, AUSTRALIA,				- Gra	unklin Th	U 37067		<u></u> _
TITLE NAME	COBD Detete IIII NA				5/0			☐ Change	X Addition
STREET ADDRESS	154 PACIFIC HIGH	WAY, 9TH FLOO	R	NAME STREET ADDRESS	113	ven T. Dav Seaboard	uiason Lane Suit	e C-100	
CITY-ST-ZIP	AUSTRTIA, nsw 2	065		CITY-ST-ZIP	1	anklin 1			
TITLE	D Delete TH				+/			Change	Addition
NAME STREET ADDRESS	EVANS, PETER J 156 PACIFIC HWY #103				Jac	ck Polson	Lane Su	Je 6-100	
CITY ST ZIP	GREENWICH; NSW,						J=37067=		
TITLE	D Delete				V		<u>.                                    </u>	☐ Change	Addition
NAME STREET ADDRESS	·			NAME STREET ADDRESS		int Tur		مور ۾ ماني	
CITY-ST-ZIP				CITY-ST-ZIP			TN 3706	wk (-180	
TITLE	VS	·	<b>₩</b> Delete	TITLE	1 1 1 1	56-1( · )	1.0	☐ Change	Addition
NAME	CABRERA, MARCIO			NAME				_	
STREET ADDRESS CITY-ST-ZIP				STREET ADDRESS	·				
TITLE	V	_ 00101	<b>⊠</b> Delete	TITLE	+-		- <b></b>	☐ Change	Addition
NAME	RICO, JORGE								
STREET ADDRESS					6				
12. I hereby of indicated of the core	CORAL GABLES, F certify that the information on this report or supple reporation or the receiver		s filing does not qualify for e and accurate and that n ed to execute this report all other like empowered.	CITY-ST-ZIP  the exemption structure shall as required by C	tated in Se have the hapter 607	ection 119.07(3)(i same legal effect 7, Florida Statutes	), Florida Statutes. t as if made under ones and that my name	I further certify that the ideath; that I am an office	nformation or director r:Block 11 if
changed	, or on an attachment wi	th an address, with		_					
SIGNAT	'URE:	MEN		Jack Po	1son	, VP	4-26-04	615-312	5700
	SIGNATUR	ZE AND TYPED OR PHINT	ED NAME OF SIGNING OFFICER	UN DIRECTOR		WBL 0.	Uate	Daytime Phone #	