2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 02, 2008 8:00 am Secretary of State

04-02-2008 90028 011 ***158.75

1. Entity Nan RIGHT IV		HAVIORAL HEA	ALTH, INC.					. .	1 D			
Principal Place of Business			Mailing	Mailing Address			400	1771	10			
216 HEATH	ERWOOD CO	216 HI	216 HEATHERWOOD COURT			<u> </u>						
WINTER SPR	RINGS, FL 3	2708	WINTER	R SPRINGS, FL	32708	٠.						
						•						
2. Principal F	Place of Busi Town	ness - No P.O. Box # Plaza Cou	7+ 3. Mailin	g Address Box 57	21298	<u> </u>						
Suite, Apt.	. #, etc.		Suite,	Apt. #, etc.			033020	800	Chg-P	CR2E	034 (12/06)	
City & State	+ Spr	ings, FL		State gwood			4. FEI N		1838		N	pplied F
32708	}	Country	Zip 327	52	Coun	5A	5. Certif	ficate of	Status Desired		\$8.75 Ad Fee Require	
		and Address of Cu	rrent Registered	Agent			7. Name	and Ac	dress of New R	egistered	Agent	
CMITH M	IICHAEL I					Name					•	
SMITH, MICHAEL L C/O THE HEALTH LAW FIRM 220 EAST GENTRAL PKWY; STE. 2030						Street Ac	Idress (P.O. Box N	lumber is	Not Acceptable)		
ALTAMONTE SPRINGS, FL 32701						1101	Douglas	Ave	enve			
						City A	Hamonte	5	mngs	FI	Zip Coo	de E/J
SIGNATURE	Signature, type	d or printed name of registere FEE IS \$150.0	0 9.	Election Campa Trust Fund Con	aign Finar		\$5.00 May E Added to Fees	3e		DATE		
10.		OFFICERS	AND DIRECTORS	3	11.		ADDITI	ONS/CH	ANGES TO OFF	ICERS AN	D DIRECTOR	RS IN 11
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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 informational 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 direct 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 changed, or on an attachment with an address, with all other like empowered.

Value Washend MM