

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000046283

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** POSITIVE BEHAVIOR THERAPY, INC.

**Current Principal Place of Business:**

1019 MARLIN LAKES CIRCLE  
APARTMENT 912  
SARASOTA, FL 34232

**New Principal Place of Business:**

4954 GEORGE AVE  
SARASOTA, FL 34233

**Current Mailing Address:**

1019 MARLIN LAKES CIRCLE  
APARTMENT 912  
SARASOTA, FL 34232

**New Mailing Address:**

4954 GEORGE AVE  
SARASOTA, FL 34233

**FEI Number:** 27-2822296

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PVST  
Name: BEHLING, JOHN N  
Address: 4954 GEORGE AVE  
City-St-Zip: SARASOTA, FL 34233

Title: D  
Name: BEHLING, JOHN N  
Address: 4954 GEORGE AVE  
City-St-Zip: SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: JOHN N BEHLING

MR.

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date