

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000012749

FILED
Jan 06, 2012
Secretary of State

Entity Name: INFINITY BEHAVIORAL HEALTH SERVICES, INC

Current Principal Place of Business:

16300 NE 19 AVE STE 210
N MIAMI BEACH, FL 33162 US

New Principal Place of Business:

2699 STIRLING AVE A-304
FORT LAUDERDALE, FL 33312 US

Current Mailing Address:

16300 NE 19 AVE STE 210
N MIAMI BEACH, FL 33162

New Mailing Address:

2699 STIRLING AVE A-304
FORT LAUDERDALE, FL 33312 US

FEI Number: 27-4836967

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TEANEY, CHRISTOPHER
16300 NE 19 AVE STE 210
N MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

TEANEY, CHRISTOPHER
2699 STIRLING AVE A-304
FORT LAUDERDALE, FL 33312 US

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:

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P,T
Name: COLLISON, RYAN
Address: 2699 STIRLING AVE A-304
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: S,D
Name: COLLISON, RYAN
Address: 2699 STIRLING AVE A-304
City-St-Zip: FORT LAUDERDALE, FL 33312 US

Title: VP
Name: TEANEY, CHRISTOPHER
Address: 2699 STIRLING AVE A-304
City-St-Zip: FORT LAUDERDALE, FL 33312 US

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: RYAN COLLISON

S,D

01/06/2012

Electronic Signature of Signing Officer or Director

Date