

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000043623

FILED
Apr 29, 2005
Secretary of State

Entity Name: AXIS BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

PO BOX 940156
MIAMI, FL 331940156 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 940156
MIAMI, FL 331940156 US

New Mailing Address:

FEI Number: 65-0417720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMPANIONI, JOSE MANUEL ESQ.
5905 S.W. 94TH PLACE
MIAMI, FL 33173 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NOVOA, LORIANA M ED.O
Address: 7815 CORAL WAY, STE. 111
City-St-Zip: MIAMI, FL 33155 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NOVOA, LORIANA M ED.O
Address: 8442-46 CORAL WAY
City-St-Zip: MIAMI, FL 33165 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORIANA M. NOVOA

P

04/29/2005

Electronic Signature of Signing Officer or Director

Date