

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000060689 (5)

1. Corporation Name

BEHAVIORAL MEDICAL HEALTH CARE SYSTEMS, INC.



Principal Place of Business

Mailing Address

13701 BRUCE B. DOWNS BLVD.
#110
TAMPA FL 33613

13701 BRUCE B. DOWNS BLVD.
#110
TAMPA FL 33613

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

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9. Name and Address of Current Registered Agent

HUTCHINSON, WILLIAM S JR.
13701 BRUCE B. DOWNS BLVD.
#110
TAMPA FL 33613

3. Date Incorporated or Qualified

08/26/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

59-3202977

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and then applicable

Signature typed or printed name of registered agent and then applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE D Vice President
NAME ASHBY, MARK A
STREET ADDRESS 9077 QUAIL CREEK DR.
CITY-ST-ZIP TAMPA FL 33624
TITLE D
NAME HUTCHINSON, WILLIAM S JR.
STREET ADDRESS 9315 PEBBLE CREEK DR.
CITY-ST-ZIP TAMPA FL 33647
TITLE President
NAME STEVE SZABO
STREET ADDRESS 1502 W. BUSH BLVD #11
CITY-ST-ZIP TAMPA FL 33612
TITLE Vice President
NAME BRUCE BILLINGSLEY
STREET ADDRESS 1451 OAK FIELD DR.
CITY-ST-ZIP BEAUMONT, FL 33511
TITLE Treasurer
NAME MARYDINE LAMB
STREET ADDRESS 1451 OAK FIELD DR.
CITY-ST-ZIP BEAUMONT, FL 33511
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
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4.4 CITY-ST-ZIP
5.1 TITLE
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5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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