

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

CORPORATION
ANNUAL REPORT

1994/1995



DEPARTMENT OF REVENUE
DIVISION OF CORPORATIONS

1. Corporation Name:
BEHAVIORAL HEALTHCARE INTERVENTIONS, INC.

DOCUMENT #
P93000086984 (0)

2. Principal Place of Business:
715 PONCE DE LEON BLVD.
BELLEAIR FL 34618

2840 W BAY DR #235
Belleair Bluffs FL 34640

3. Below address, for protection in any way, use through incorrect information and enter reason for change

2. Mailing Address:
26. Principal Place of Business:
3700 W BAY DR

22. Suite, Apt., #, etc.
27. Suite, Apt., #, etc.

23. City & State
28. City & State

24. Country
29. Country

25. Country
30. Country

9. Name and Address of Current Registered Agent

WAGNER SUSAN
715 PONCE DE LEON BLVD.
BELLEAIR FL 34618

10. Name and Address of New Registered Agent

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

83. City
84. State
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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, hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.0503 or 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 5/1/95

Required Agent Acceptance Agreement NOTE: Required Agent signature required when necessary

12. OFFICERS AND DIRECTORS

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