SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000068360 (5)

FLORIDA BEHAVIORAL NETWORK, INC.

FILED Aug 19 1997 8:00am Secretary of State



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Principal Plac	e of Business	Mailing Address	• • • •		- I INDIAINES LIN (BLOD LINE) ABANY ABILL B	Rill Mails Mi	(B) (B) (B) (B) (B)	IIII ogis iddi
1001 IVES DA	AIRY RD							
SUITE 206 SUITE 206 NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179					50 1107 1107	- 11.1 11.0	00405	
					DO NOT WRITE			5
ļ					3. Date Incorporated or Qualified		ate of Last F	
0 Delmain al D	Is as of Duels as	Do Marillan Automan			10/01/1993 4. FEI Number		5/01/1996	
2. Principal P	v. Palmetto Park Rd	2a. Mailing Address 26 7000 W. Pala	. и.	Park Rd.			—	pplied For
21 7000 Suite, Apt,	# ato	Suite, Apt. #, etc.	necce	MAN KA	65-0439397			ot Applicable
22 Suite 301 27 Suite 301					5. Certificate of Status Desired			Additional equired
City & State City & State City & State City & State Rober F. 28 Boen Rober F.			Fι		6. Election Campaign Financing			May Be
	Katen F				Trust Fund Contribution			to Fees
zip 24 3343.	3 Country Beach	Zip 29 33433	Cour	Im Bench	8. This corporation owes or has pa			
24 3343	9. Name and Address of Current		30 /	im ijene"	Personal Property Tax due June 10. Name and Address of New Re			_ No
ASA				B1 Name	10. Hallio and Addiess Of Hew Ne	A:orala0	- Agus	
	IERICAN INFORMATION SERVICE							
801 BRICKELL AVENUE, 24TH FLOOR MIAMI FL 33131				Street Addr	ress (P.O. Box Number is Not Acceptable)			
MIA	4MI FL 33131			33				
			l'	23				Ì
				B4 City			85 Zip	Code
		- 100m (500 E) 11 O				FL	بللب	
office or r	to the provisions of Sections 607,0502 egistered agent, or both, in the State c im familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the corporat	oration submits this statement for the pion's board of directors. I hereby acceptance	ourpose o	f changing i ointment as	ts registered registered
SIGNATURE								
<u> </u>	Signature, typed or printed name of registered agent			Agent signature requir		DATE		
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE	DERS AND		
TITLE	PSTD COLDMAN LICA	☐ DELETE	1.1 TITE	Į			Change	☐ Addition
NAME	GOLDMAN, LISA	£ 666	1.2 NA					
STREET ADDRESS	1001 IVES DAIRY ROAD, SUITI		1.3 STA	EET ADDRESS				
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331			/-ST-ZIP				
TITLE	CEO	DELETE	2.1 TITU	ł			Change	☐ Addition
NAME	GOLDMAN, LISA	F 000	2.2 NAI	AE				
STREET ADDRESS	1001 IVES DAIRY ROAD, SUITI		23 STR	EET ADDRESS				Ī
CITY-ST-ZIP	NORTH MIAMI BEACH FL 331			Y-ST-ZIP				
₩		☐ DELETE	3.1 TITL	1			L. Change	☐ Addition
NAME			3.2 NA	i				
STREET ADDRESS			3.3 STR	EET ADDRESS				
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TITLE		∐ DELE1€	4.1 1810	E			Change	Addition
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STR	EET ADDRESS	•			
CITY-ST-ZIP			4,4 CIT	/-ST-2IP				
TITLE		☐ DELETE	5.1 TITU	E			Change	Addition
NAME			52 NAM	1E				
STREET ADDRESS			5.3 STR	eet address				
CITY-ST-ZIP			5.4 CIT	/-ST-ZIP				
TITLE	3 J.	☐ DELETE	6.1 101	É			Change	Addition
NAME			6.2 NAM	1E (]
STREET ADDRESS			6.3 STR	EET ADDRESS				
CITY-ST-ZIP				-ST-ZIP				ļ

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if oranged, or on an attachment with an address.