

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # *PA3 000086984*
1. Corporation Name
BEHAVIORAL HEALTHCARE INTERVENTIONS INC.

Principal Place of Business: *715 PONCE DE LEON BLVD BELLEAIR, FL 34616*
Mailing Address: *2840 W. BAY DR #235 BELLEAIR BLUFFS FL. 34640*

3. Date Incorporated or Qualified: *12/15/93* 3a. Date of Last Report: *5/95*
4. FEI Number: *59 7015294*
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

2. Principal Place of Business: *715 PONCE DE LEON BLVD BELLEAIR, FL 34616*
2a. Mailing Address: *2840 W BAY DR #235 BELLEAIR BLUFFS FL 34640, USA*
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: *34640* Country: *USA*
24. Zip: Country:

9. Name and Address of Current Registered Agent
*Wagner, Susan
715 Ponce de Leon Blvd
Belleair, FL 34616*

10. Name and Address of New Registered Agent
81. Name: *N/A*
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 _____

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<i>PRESIDENT</i> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	<i>SUSAN WAGNER</i>
13. STREET ADDRESS	<i>715 Ponce de Leon</i>
14. CITY, ST, ZIP	<i>Belleair, FL 34616</i>
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY, ST, ZIP	
31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	
33. STREET ADDRESS	
34. CITY, ST, ZIP	
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY, ST, ZIP	
51. TITLE	<i>100001843881</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME	<i>-05/30/96--01016--015</i>
53. STREET ADDRESS	<i>***200.00</i>
54. CITY, ST, ZIP	
61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	<i>CC</i>
63. STREET ADDRESS	<i>5/29/96</i>
64. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *S. WAGNER* *S. WAGNER* *5/20/96* *813 585 6553*
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)