

**2007 FOR PROFIT CORPORATION.
ANNUAL REPORT**

FILED
Apr 11, 2007 08:00 A
Secretary of State

DOCUMENT # P94000051912

1. Entity Name
ALLIANCE FOR BEHAVIORAL CARE, INC.



Principal Place of Business
**915 MIDDLE RIVER DRIVE
STE. 204
FT LAUDERDALE, FL 33304**

Mailing Address
**915 MIDDLE RIVER DRIVE
STE. 204
FT LAUDERDALE, FL 33304**



04092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-6149065

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BESNER, HILDA F PH.D.
915 MIDDLE RIVER DRIVE
STE. 204
FT LAUDERDALE, FL 33304**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KIMMEL, JOEL
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	BESNER, HILDA
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	FERGUSON, DAVID
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	BLAKE, ELIZABETH
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	KELLEY, ROBERT
STREET ADDRESS	915 MIDDLE RIVER DRIVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304
TITLE	D
NAME	MITCHELL, JOHN
STREET ADDRESS	915 MIDDLE RIVER DR
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304

000000699341
04/19/07-80038-021 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/07 954 566-0388