

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051912

FILED
Apr 13, 2011
Secretary of State

Entity Name: ALLIANCE FOR BEHAVIORAL CARE, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-6149065 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: KIMMEL, JOEL
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D
Name: BESNER, HILDA
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D
Name: FERGUSON, DAVID
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D
Name: BLAKE, ELIZABETH
Address: 915 MIDDLE RIVER DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33304

Title: D
Name: MITCHELL, JOHN
Address: 915 MIDDLE RIVER DR
City-St-Zip: FORT LAUDERDALE, FL 33304

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HILDA F. BESNER

D

04/13/2011

Electronic Signature of Signing Officer or Director

Date