


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

|   |  |   |
|---|--|---|
| <b>DOCUMENT # P95000051010</b>  |  |  |
| 1. Entity Name<br><b>LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA, INC.</b> |  |   |

|   |  |
|---|--|
| Principal Place of Business<br>97 LOWELL RD <b>See Exhibit A</b><br>2ND FLOOR<br>CONCORD MA 01742 | Mailing Address<br>97 LOWELL RD<br>2ND FLOOR<br>CONCORD MA 01742<br>US |
|---|--|

|  |                     |
|--|---------------------|
| 2. Principal Place of Business - No P.O. Box #<br><b>None. See Exhibit A</b> | 3. Mailing Address  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc. |

|              |              |
|--------------|--------------|
| City & State | City & State |
| Zip          | Country      |

**FILED**  
2007 APR 19 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1st MOORE CR2E034 (10/06)

|   |  |
|---|--|
| 4. FEI Number<br><b>65-0600079</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |

|   |   |
|---|---|
| 6. Name and Address of Current Registered Agent<br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND ROAD<br/>PLANTATION FL 33324</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> Zip Code |
|---|---|

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee Will Be \$550.00<br/>Make Check Payable to Florida Department of State</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|--|

| 10. OFFICERS AND DIRECTORS                        |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | PD<br>HARTIGAN, WILLIAM J<br>19 SPEAR ROAD, SUITE 316<br>RAMSEY NJ 07446 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VS<br>EUSTIS, ROBERT D<br>97 LOWELL RD 2ND FLOOR<br>CONCORD MA 01742 <input type="checkbox"/> Delete     | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VT<br>JOHNSON, GERALD A<br>19 SPEAR ROAD SUITE 305<br>RAMSEY NJ 07446 <input type="checkbox"/> Delete    | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | VD<br>HARTIGAN, GAY<br>19 SPEAR RD STE 305<br>RAMSEY NJ 07446 <input type="checkbox"/> Delete            | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-STATE-ZIP     | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** Robert D. Eustis **Robert D. Eustis** **4/9/07** **(978) 371-1948**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #