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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # P95000056626 (1)

BEHAVIORAL HEALTH CARE SOLUTIONS, INC.

02,844	Our Hereitt of the Goe	.0110110, 1110					
Principal Place of Business Mailing Address						BUILL BUIDE BEIRD DI	III BIRA FIDIO DIII IDDI
1065 NORTHE NORTH MIAMI	AST 125TH STREET. SUITE 409   FL 33161	1065 NORTHEAST 12 NORTH MIAMI FL 33		r. Suite 409			
					3. Date Incorporated or Qualified 07/21/1995	3a. Date of L	ast Report
2. Principal Place of Business		2a. Mailing Address			4. FEI Number 65-060/67/		Applied For
21		26 Chita Act 6 etc		65-06016//		Not Applicable	
Surte, Apt. #, etc.		Suite Apt. #, etc 27	27		5. Certificate of Status Desired		8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	1 1	\$5.00 May Be Added to Fees
Zφ	Country	Ζφ	h	intry	8. This corporation has liability for		ider's 199.032,
24	25 9. Name and Address of Currer	29	30	r	Florida Statutes Yes  10. Name and Address of New F	No	nt
	9. Name and Address of Curren	ii negistered Agent		81 Name		icgistored Age	
		ACL OURTO		DAW	N STEINBERG		.,
	FIRM OF LAWRENCE J SPIE	SEC-CHRID		82 Street Add	Iress (P.O. Box Number is Not Acceptal ら	St# 1	07
	ERIA AVENUE -			83	3 10 C 1 L3 21,	3/- /	
CUMPLE	SABLES FL 33134						
				84 City	niàmi	FL 8	5 Zip Code
11 Purcuant to	the provisions of Sachons 607 0503	2 and 607 1508. Florida Statu	ites the abo	overnamed corpo	pration submits this statement for the pu		na its registered office
or registere	nd agent, or both, in the State of Flori	da. Such change was author	ized by the c	corporation's boa	ard of directors. Thereby accept the app	cintment as regi	stered agent. I am
familiar wite	and accept the eighgations of, Sect	tion 607,0505. Florida Statute 📭	)S.	1 000	INBERG		
SIGNATURE	Sorature, Noed or proper have of the interest agent	La Vote d'approvation (f)	$ u_{\mathcal{H}}\omega$	N SIE	activation of state on	DATE	
12.		DE DIRECTORS	13.	The state of the s	ADDITIONS/CHANGES TO OFF		RECTORS IN 12
TITLE	PSTD	DELETÉ	1 1 1	IITLE.			
NAME	SEGAL, SCOTT D M.D.		12 N	AME			
STREET ADDRESS				TREET ADDRESS			
CITY-ST ZIP	NORTH MIAMI FL 33161		14 C	114-S1-ZIP			
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TITLE			621				go [] Address
NAME PROFEE ADDRESS							
STREET ADDRESS				TREET ADDRESS			
14. Ldo hereby	v certify that the information sciooled	with this filing is voluntarily for		does not qualify	for the exemption stated in Section 119	J.07(3)(k), Florida	Statutes I further
certify that oath; that I	the information indicated on this ann	icial report or supplemental ar oration or the receiver or trust	inual report tee empowe	is true and accur	rate and that mry signature shall have the his report as required by Chapter 607, F	e same legal <b>e</b> ffe	ct as if made under

SIGNATURE: X

SIGNATURE AND THEE OR PHINTED NAME OF SIGNATO OFFICER OF DIRECTOR

29/96 305-891-0050

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