


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 20, 2005 08:00 AM  
Secretary of State

|  |   |
|--|---|
| DOCUMENT # P95000066761                          |  |
| 1. Entity Name<br>FAMILY BEHAVIORAL CENTER, INC. |   |

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|--|--|
| Principal Place of Business<br>1170 HILLSBORO MILE<br>SUITE 101<br>HILLSBORO BEACH, FL 33062 | Mailing Address<br>1170 HILLSBORO MILE<br>SUITE 101<br>HILLSBORO BEACH, FL 33062 |
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01132005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number<br>65-0619825  | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                               |

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|---|
| 6. Name and Address of Current Registered Agent<br><br>CHANEY, WILBER V ESQUIRE<br>1050 SE 5TH AVE<br>SUITE 133<br>DELRAY BEACH, FL 33483 |
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when relating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

| 10. OFFICERS AND DIRECTORS                     |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br>DELLA, ELLEN M<br>1170 HILLSBORO MILE SUITE 101<br>HILLSBORO BEACH, FL 33062 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DST<br>BROWN, CHRISTINE M<br>1109 LAKE DR<br>DELRAY BEACH, FL 33444                |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

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01/24/05-80013-005.150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Ellen M. Della ELLEN M. DELLA 1-14-05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #