## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000073349 (9)

CHRISTIAN BEHAVIORAL HEALTH SPECIALISTS, INC.

Principal Place of Business Mailing Address 12955 BISCAYNE BLVD. SUITE 300 MIAMI FL 33181 12955 BISCAYNE BLVD. SUITE 300 MIAMI FL 33181-2022 3a. Date of Last Report 3. Date Incorporated or Qualified 09/14/1995 10/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0607594 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5,00 May Be 23 Trust Fund Contribution  $\Gamma$ Added to Fees 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 29 Horida Statutes 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DENISE CANCHOLA DE TOURNILLON 12955 BISCAYNE BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 300 вз **MIAMI FL 33181** 84 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or printed name of registered agent, and title if applicable (NOT): Registered Agent signature required when reinstribute) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)12. 13. DELETE Change Addition TITLE 1.1 DTUE CANCHOLA, DENISE 12 NAME NAME % 12955 BISCAYNE BLVD, SUITE 300 STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33181** CITY-ST-ZIP 1.4 CITY-ST-ZIF DÉLETE 21 TILLE Change Addition TITLE AUGER, WILLIAM NAME 2.2 NAME % 12955 BISCAYNE BLVD, SUITE 300 STREET ADDRESS 2.3.STREET ADDRESS MIAM! FL 33181 CITY - ST - 7IP 2. 4 CITY - ST-ZIP Change DELE 16 Addition TITLE 317016 NAME 3.2 INAME STREET ADDRESS 3 3 STREET ACORESS CITY-ST-ZIP 3.4, CITY - ST - ZIP DELFTE Change Addition 4.1 TITLE TITLE NAME 4, 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 City - \$1 - 71P CITY-ST-ZIP DELETE 5.1 JITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 BIRLLI ADDRESS CITY-ST-ZIP 54 DITY-ST-7/F Change Addition DELETE TITLE 61 THLE NAME 6.2 NAME

> 6.3 \$TREE1 ADDRESS 6.4 \$TITY-\$1-ZIP

14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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

SIGNATURE: Nouvi Have a

appears in Block 12 or Block 13 if changed, or on arrattachment with an address

STREET ADDRESS

CITY-ST-ZIP

4/3/97 30 881-075

FILED

May 16 1997 8:00am

Secretary of State