FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State
06-09-1999 90016 050 ***550.00

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DOCUMENT # P95000073349

1. Corporation Name
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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 09/14/1995

2. Principal Place of Business	2a. Mailing Address
21 2231 N. UNIVERSITY DR.	26 2231 N. UNIVERSITY DR.
Suite, Apt. #, etc. 22 C	Suite, Apt. #, etc. 27 C
City & State 23 PEMBROKE PINES, FL	City & State 28 PEMBROKE PINES, FL
Zip / Country 24 33204 / 25 BROWARD	Zip / Country 29 33204 / 30 BROWARD

4. FEI Number: 65-0607594 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

DENISE CANCHOLA DE TOURNILLON
12955 BISCAYNE BLVD.
SUITE 300
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name: Phil de Tournillon
82 Street Address (P.O. Box Number is Not Acceptable): 2231 N. UNIVERSITY DR.
83 SUITE C
84 City: PEMBROKE PINES FL 85 Zip Code: 33204

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 agent, 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: [signature] 5/31/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CANCHOLA, DENISE		1.2 NAME		
STREET ADDRESS	% 12955 BISCAYNE BLVD, SUITE 300		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33181		1.4 CITY-ST-ZIP		
TITLE	T DETOURNILLON	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DETPIRMO;;PM. ¢JO;O¢		2.2 NAME		
STREET ADDRESS	C/O 12955 BISCAYNE BLVD, #300		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI FL 33181		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 5/31/99 954-960-6090
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)