

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

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000076565 (7)

1. Corporation Name

BEHAVIORAL WELLNESS, INC.

Principal Place of Business

Mailing Address

4040 LAPLAYA BLVD
COCONUT GROVE FL 33133
US

4040 LAPLAYA BLVD
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1995

4. FEI Number

65-0603586

Applied For

Not Applicable

5. Certificate 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 or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 2801 Ponce De Leon Blvd

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Coral Gables, FL

Zip

24 33134

Country

25 USA

2a. Mailing Address

26 2801 Ponce De Leon Blvd

Suite, Apt. #, etc.

27 Suite 600

City & State

28 Coral Gables, FL

Zip

29 33134

Country

30 USA

9. Name and Address of Current Registered Agent

KTGS REGISTERED AGENT CORPORATION
100 S.E. 2ND STREET, 28TH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME KLAPPHOLZ, MARIO
STREET ADDRESS 11762 N KENDALL DRIVE #180
CITY-ST-ZIP MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D,P
1.2 NAME MICHAEL C. PIERCEY
1.3 STREET ADDRESS 2801 Ponce De Leon Blvd #600
1.4 CITY-ST-ZIP Coral Gables, FL 33134

☒ Change

☐ Addition

2.1 TITLE D,S,T
2.2 NAME MANUEL L. LINDO
2.3 STREET ADDRESS 2801 Ponce De Leon Blvd #600
2.4 CITY-ST-ZIP Coral Gables, FL 33134

☐ Change

☒ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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.

SIGNATURE:

CR2E034 (10/97)