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

DOCUMENT # P96000013308

BEHAVIORAL SERVICES, INC.

Principal Plac	e of Business	Mailing Address			- 1 10003000 FID 1010 03117 03041 001	ii uu tii aale i ti eta iiibi	, SINTEL BORGET HEND TO BUT
8300 SW 163 STREET 8300 SW 1		8300 SW 163 STREET MIAMI FL 33157			. DO NOT WRIT	E IN THIS SPACE	٠.
00		US ,			3. Date Incorporated or Qualifed		
					02/08/1996		
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			65-0643464		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 '	5 Additional Required
City & Stat	Ce Ce	City & State		<u> </u>	6. Election Campaign Financing	\$5.	00 May Be
23		28			Trust Fund Contribution	Add	ed to Fees
Zip	Country	Zip	Country		8. This corporation owes the curre	nt year Intangible Yes	□No
24	9. Name and Address of Current	Penistered Agent	30		Personal Property Tax. 10. Name and Address of New Re		
	3. Name and Address of Constitution		81	Name	TV. Halle and Address of New York	gistered Agent	
WOO	ODBURY, MICHAEL P BRICKELL AVE, SUITE 2100		82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)	
	MI FL 33131		83				# 1 / 1965 1 1964
itin u			63				
	•		84	City		FI 85	Zip Code
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	tes, the above-r	named corpo	ration submits this statement for the p	urpose of changing	its registered
office or n	registered agent, or both, in the State o	f Florida, Such change was a	uthorized by th	e corporation	n's board of directors, I hereby accept	the appointment a	s registered
ugona u		0110 01, 00011011 017 11000, 1 10	naa ottatato.				
CICALATUDE							
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent si	ignature required	when reinstating)	DATE	·
	Signature, typed or printed name of registered agent OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	: Registered Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFFI		CTORS IN 12
	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·		ignature required			
12.	PSD WOODBURY, KIMBERLY A	DIRECTORS	13.	ignature required	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
12. TITLE	PSD WOODBURY, KIMBERLY A 8300 SW 163 ST	DIRECTORS	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	
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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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90076 006 ***150.00