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

Mailing Address

8351 BLIND PASS ROAD

ST. PETE BEACH FL 33706-1515

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

8351 BLIND PASS ROAD

ST. PETE BEACH FL 33706

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

Mar 06 1997 8:00am

Secretary of State

Daytime Phone #

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000062660 (1)

BEHAVIORAL DYNAMICS OF FLORIDA, INC.

											3. Date Incorporated or Qualified 38. Date of Last Report				
											07/26/1996			,	
2. Principal Place of Business					28. Mailing Address					FEI Number		A	pplied For		
21	*** I ** ** ** ** ** ** ** ** ** ** ** **				26						62-1648769 Not Applicable				
Suite, Apt. #, etc.					Suite, Apt. #, etc.					1	5. Certificate of Status Desired		<b>4</b>	Additional	
22					27								Fee R	equired	
City & State					City & State						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution  Added to Fees				
	Ζφ	Country Zip				Countr	'n			B. This corporation has liability for					
24	25 29						30				Florida Statutes Yes X No				
9. Name and Address of Current Registered Agent									10. Name and Address of New Registered Agent						
DOUGLASS, ROBERT A									81 Name						
		BLIND PA			-	+	Ot 1 A	ant Address (P.O. Pay Mumber is Not Assessable)							
			CH FL 33706			82	-	Street Address (P.O. Box Number is Not Acceptable)							
on the ballotte solve							83	3			<del></del>				
							84	4	City			<b></b>	<b>85</b> Zip	Code	
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11	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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.														
SIC	MATURE	501 LT L					D					DATÉ			
12		Signature, typed or justed name of registered againt and the diapplicable (NC OFFICERS AND DIRECTORS						geni	i signature n	equieu	when reinstating)  ADDITIONS/CHANGES TO OFFI		DIBECTO	RS IN 12	
1111		XXXX President/Director DELETE									ABBITTORIO DE LA TABLETA DE CALLETTE	0110711	Change	Addition	
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	IZMOVABLE THE AZOLO			) Larrin				1.4 CITY-ST-ZIP							
THE	/- S1 - 712 r	Secretary DELETE				DELETE	2.1 TITLE	- ZIP				Change	Addition		
		Jennifer Brock					1					TT CHRUNG	Addition		
NAN	7010 P 11 . P 1				i			2.2 NAME							
								2 3 STREET ADDRESS							
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NAN	1E						62 NAME	:	- 1						
STR	EET ADDRESS						63 STREE	ET A	ADDRESS						
	7 - \$1 - ZIP						6.4 CITY								
14	I do herel	by certify tha	If the information	supplied with	this filing do	es not qualify	for the ex	en	nption sta	aled in	n Section 119.07(3)(i), Florida Statute ly signature shall have the same lega	s. I furthe	r certify tha	t the	
	Lam an o	flicer or dire	on this annual rector of the corporation Block 13 d elli	oration or the re	eceiver or tru	stee empowe	red to exe	cu	ite this re	eport a	y signature shall have the same leg- is required by Chapter 607, Florida	ar enect at Statutes; a	ind that my	name	