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FILED
Mar 04 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 # P96000082981 (7)

1. Corporation Name

BEHAVIORAL SOLUTIONS CORPORATION

Principal Place of Business

Mailing Address

% RAUL J. SANCHEZ DE VARONA, P.A.
1333 SOUTH MIAMI AVENUE, SUITE 303
MIAMI FL 33130

% RAUL J. SANCHEZ DE VARONA, P.A.
1333 SOUTH MIAMI AVENUE, SUITE 303
MIAMI FL 33130

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/08/1996

4. FEI Number

65-0715981

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21 4649 Ponce de Leon Blvd

26 4649 Ponce de Leon Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 400

27 Suite 400

City & State

City & State

23 Coral Gables, Florida

28 Coral Gables, Florida

Zip

Country

Zip

Country

24 33146

25 USA

29 33146

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANCHEZ DE VARONA, RAUL J
1333 SOUTH MIAMI AVENUE
SUITE 100
MIAMI FL 33130

81 Name

Sanchez de Varona, Raul J.

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

83 4649 Ponce de Leon Blvd
Suite 400

84 City

CORAL Gables

FL

85 Zip Code

33146

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SANCHEZ DE VARONA, RAUL J
STREET ADDRESS 1333 SOUTH MIAMI AVENUE, #303
CITY-ST-ZIP MIAMI FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Sanchez de Varona, Raul J
1.3 STREET ADDRESS 4649 Ponce de Leon Blvd Suite 400
1.4 CITY-ST-ZIP Coral Gables, Florida 33146

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 an attachment with an address.

SIGNATURE:

CR2E034 (10/97)