

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 JUN -2 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000098810 (0)

1. Corporation Name

NEUROBEHAVIORAL MEDICAL CENTRES, INC.



Principal Place of Business

Mailing Address

3255 PINE VALLEY DRIVE
SARASOTA FL 34239

3255 PINE VALLEY DRIVE
SARASOTA FL 34239-4330

3. Date Incorporated or Qualified

12/06/1996

3a. Date of Last Report

0

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0749955

Applied For

Not Applicable

5. Certificate of Status Desired

0

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

0

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

0

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WOOD, JAMES D
1800 SECOND STREET, SUITE 850
SARASOTA FL 34236

81 Name BEVERLY B RAYFIELD
82 Street Address (P.O. Box Number is Not Acceptable)
3255 PINE VALLEY DR
83
84 City SARASOTA FL 85 34239

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 filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/97

12. OFFICERS AND DIRECTORS

TITLE DIRECTOR
NAME RAYFIELD, BEVERLY B
STREET ADDRESS 3255 PINE VALLEY DRIVE
CITY-ST-ZIP SARASOTA FL 34239

TITLE
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CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN

1.1 TITLE DIRECTOR
1.2 NAME WILLIAM LEE BARNES
1.3 STREET ADDRESS 28143 Canal Rd
1.4 CITY-ST-ZIP Orange Beach, AL 36561

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

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

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

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

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

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
7.4 CITY-ST-ZIP

8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
8.4 CITY-ST-ZIP

9.1 TITLE
9.2 NAME
9.3 STREET ADDRESS
9.4 CITY-ST-ZIP

10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY-ST-ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
11.4 CITY-ST-ZIP

12.1 TITLE
12.2 NAME
12.3 STREET ADDRESS
12.4 CITY-ST-ZIP

13.1 TITLE
13.2 NAME
13.3 STREET ADDRESS
13.4 CITY-ST-ZIP

14.1 TITLE
14.2 NAME
14.3 STREET ADDRESS
14.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not contain any false or misleading information. I further certify that the information indicated on this 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 addition with an address.

SIGNATURE:

BEVERLY B RAYFIELD
Signature

4/27/97 9220798

CR2E034 (9/96)