

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

**FILED**  
**Sep 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 # **P96000102321 (2)**

*MC 8-26-97*



DO NOT WRITE IN THIS SPACE

1. Corporation Name  
**Integrated Behavioral Health, INC.**

Principal Place of Business Mailing Address  
**9452 SOUTH U.S. 1 PORT ST. LUCIE FL 34952**

3. Date Incorporated or Qualified  
**12/16/1996**

4. FEI Number  
**APPLIED FOR 05-0714589**

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 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**EKBATANI, JAMES**  
**9452 SOUTH U.S. 1**  
**PORT ST. LUCIE FL 34952**

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 re-issuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>EKBATANI, JAMES</b>	
STREET ADDRESS	<b>1441 SE SAN SOUICI LANE</b>	
CITY - ST - ZIP	<b>PORT ST. LUCIE FL 34952</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PVTSD**  Change  Addition

1.2 NAME **Ekbatani, Jim**

1.3 STREET ADDRESS **Same**

1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition

4.2 NAME **900002632429**

4.3 STREET ADDRESS **-09/04/98--01064--048**

4.4 CITY - ST - ZIP **\*\*\*400.00**

5.1 TITLE  Change  Addition

5.2 NAME **900002632429**

5.3 STREET ADDRESS **-09/04/98--01064--048**

5.4 CITY - ST - ZIP **\*\*\*150.00**

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 on an attachment with an address.

SIGNATURE: *[Signature]*

CR2E034 (10/97)

*PC 7.4*