

**2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P97000069031

**FILED  
Oct 15, 2012  
Secretary of State**

**Entity Name:** ALTERNATIVE BEHAVIORAL CONCEPTS, INC.

**Current Principal Place of Business:**

202 HOWARD STREET  
SUITE 3  
AUBURNDALE, FL 33823

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1057  
LAKE ALFRED, FL 33850

**New Mailing Address:**

FEI Number: 59-3463137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JORDAN, KEITH A  
720 S. GLENCRUITEN AVE.  
LAKE ALFRED, FL 33850 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEITH JORDAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: BORDEN-JORDAN, CHERYL A  
Address: 720 S GLENCRUITEN AVE, PO BOX 1071  
City-St-Zip: LAKE ALFRED, FL 33850

Title: VP  
Name: JORDAN, KEITH A  
Address: 720 S GLENCRUITEN AVE, P O BOX 1071  
City-St-Zip: LAKE ALFRED, FL 33850

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEITH JORDAN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

VP

10/15/2012

\_\_\_\_\_  
Date