

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033981

FILED  
May 05, 2008  
Secretary of State

Entity Name: BEHAVIORAL HEALTH CARE MANAGEMENT SYSTEMS, INC.

## Current Principal Place of Business:

1216 SE 1ST AVE  
FORT LAUDERDALE, FL 33316

## New Principal Place of Business:

10620 GRIFFIN ROAD  
SUITE 204  
COOPER CITY, FL 33328

## Current Mailing Address:

1216 SE 1ST AVE  
FORT LAUDERDALE, FL 33316

## New Mailing Address:

10620 GRIFFIN ROAD  
SUITE 204  
COOPER CITY, FL 33328

FEI Number: 65-0833098

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BERRY, COURTNEY  
1216 SE 1ST AVE  
FORT LAUDERDALE, FL 33316 US

## Name and Address of New Registered Agent:

BERRY, COURTNEY  
10620 GRIFFIN ROAD  
SUITE 204  
COOPER CITY, FL 33328 US

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: COURTNEY BERRY

05/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPS ( ) Delete  
Name: MCGARRY, NEAL  
Address: 1939 TYLER STREET STE B  
City-St-Zip: HOLLYWOOD, FL 33020

Title: CEO ( ) Delete  
Name: BERRY, COURTNEY  
Address: 1939 TYLER STREET STE B  
City-St-Zip: HOLLYWOOD, FL 33020

Title: CDP ( ) Delete  
Name: BERRY, RAY  
Address: 1939 TYLER STREET STE B  
City-St-Zip: HOLLYWOOD, FL 33020

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPS (X) Change ( ) Addition  
Name: MCGARRY, NEAL  
Address: 10620 GRIFFIN ROAD, SUITE 204  
City-St-Zip: COOPER CITY, FL 33328

Title: CEO (X) Change ( ) Addition  
Name: BERRY, COURTNEY  
Address: 10620 GRIFFIN ROAD, SUITE 204  
City-St-Zip: COOPER CITY, FL 33328

Title: CDP (X) Change ( ) Addition  
Name: BERRY, RAY  
Address: 10620 GRIFFIN ROAD, SUITE 204  
City-St-Zip: COOPER CITY, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: COURTNEY BERRY

MRS.

05/05/2008

Electronic Signature of Signing Officer or Director

Date