

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000033981

FILED
Jan 06, 2011
Secretary of State

Entity Name: BEHAVIORAL HEALTH CARE MANAGEMENT SYSTEMS, INC.

Current Principal Place of Business:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

New Principal Place of Business:

Current Mailing Address:

10620 GRIFFIN ROAD
SUITE 204
COOPER CITY, FL 33328

New Mailing Address:

FEI Number: 65-0833098

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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: COURTNEY BERRY

CEO

01/06/2011

Electronic Signature of Signing Officer or Director

Date