

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90363 048 \*\*\*150.00

**DOCUMENT # P98000033981**

**1. Entity Name**  
**BEHAVIORAL HEALTH CARE MANAGEMENT SYSTEMS, INC.**



**Principal Place of Business**  
**2917 NORTH PINE HILLS ROAD**  
**ORLANDO FL 32808**

**Mailing Address**  
**PO BOX 4217**  
**TALLAHASSEE FL 32315**

**2. Principal Place of Business**  
**1939 Tyler Street**

**3. Mailing Address**  
**1939 Tyler Street**

**Suite, Apt. #, etc.**  
**Suite B**

**Suite, Apt. #, etc.**  
**Suite B**

**City & State**  
**Hollywood, FL**

**City & State**  
**Hollywood, FL**

**Zip**  
**33020**

**Country**  
**US**

**Zip**  
**33020**

**Country**  
**US**

**4. FEI Number** **65-0833098**

**Applied For**  
**Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**LEIDER, COURTNEY**  
**751 N NORTH LAKE DR.**  
**HOLLYWOOD FL 33019**

**7. Name and Address of New Registered Agent**

**Name**  
**Courtney Berry**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**1939 Tyler Street**  
**Suite B**  
**City** **Hollywood, FL** **Zip Code** **33020**

**8. 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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Courtney Berry*

(NOTE: Registered Agent signature required when reinstating)

**DATE**

*1/23/2003*

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**TITLE** **PTS** ☐ Delete  
**NAME** **MCGARRY, NEAL**  
**STREET ADDRESS** **1715 S. GADSDEN ST.**  
**CITY-ST-ZIP** **TALLAHASSEE FL 32301**

**TITLE** **CEO** ☐ Delete  
**NAME** **LEIDER, COURTNEY**  
**STREET ADDRESS** **751 N NORTH LAKE DR.**  
**CITY-ST-ZIP** **HOLLYWOOD FL 33019**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **VP/S** ☒ Change ☐ Addition  
**NAME** **McGarry, Neil**  
**STREET ADDRESS** **1939 Tyler Street, Ste. B**  
**CITY-ST-ZIP** **Hollywood, FL 33020**

**TITLE** **CEO** ☒ Change ☐ Addition  
**NAME** **Berry, Courtney**  
**STREET ADDRESS** **1939 Tyler Street, Ste. B**  
**CITY-ST-ZIP** **Hollywood, FL 33020**

**TITLE** **C/D/P** ☐ Change ☒ Addition  
**NAME** **Berry, Ray**  
**STREET ADDRESS** **1939 Tyler Street, Ste. B**  
**CITY-ST-ZIP** **Hollywood, FL 33020**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

*Courtney Berry*  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

*1/23/2003*  
**Date**

**Daytime Phone #**

CR2E034 (10/02)