2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 APR 27 AM 9: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000034120

1. Entity Name
BEHAVIORAL HEALTH MANAGEMENT CONSULTANTS, INC.

Principal Place of Business	Mailing Address
15287 NEW BRITTANY BLVD # 21 W FORT MYERS, FL 33907	15287 NEW BRITTANY BLVD # 21 W FORT MYERS, FL 33907

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12587 New Brittany Blvd		12587 New Brittany Blvd	
Suite, Apt. #, etc.: Suite 21		Suite, Apt. #, etc.: Suite 21	
City & State		City & State	
Zip	Country	Zip	Country

02272007 Chg-P CR2E034 (12/06) D7

4. FEI Number: 65-0059564 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SPELLMAN, MICHAEL B
~~15287 NEW BRITTANY BLVD~~
STE 21W
FORT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable) 12587 New Brittany Blvd Ste #21

City FL Zip Code

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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD SPELLMAN, MICHAEL B ~~15287 NEW BRITTANY BLVD, STE 21 W~~ FORT MYERS, FL 339073615	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	12587 New Brittany Blvd, Ste #21	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	100103029161 05/22/07--01042--001 **300.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: [signature], Pres 3/12/07 239-278-3443
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #