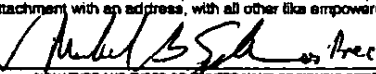


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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 15287 NEW BRITANNY BLVD # 21 W FORT MYERS, FL 33907		Mailing Address 15287 NEW BRITANNY BLVD # 21 W FORT MYERS, FL 33907	
2. Principal Place of Business - No P.O. Box # 12087 New Brittany Blvd		3. Mailing Address 12087 New Brittany Blvd	
Suite, Apt. #, etc. Suite 21		Suite, Apt. #, etc. Suite 21	
City & State		City & State	
Zip	Country	Zip	Country
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 BRITANNY 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) 12087 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 _____ (NOTE: Registered Agent signature required when releasing)			
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 BRITANNY BLVD, STE 21W FORT MYERS, FL 339073615 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	12087 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
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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: 		Date: 3/12/07 238-7783443	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	