2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P99000083624

Entity Name: ASSOCIATES IN BEHAVIORAL HEALTH & RECOVERY, INC.

Current Principal Place of Business:

7825 N. DALE MABRY HWY., STE. 206
TAMPA, FL 33614

New Principal Place of Business:

7825 N. DALE MABRY HWY.
STE. 206
TAMPA, FL 33614

Current Mailing Address:

7825 N. DALE MABRY HWY., STE. 206
TAMPA, FL 33614

New Mailing Address:

7825 N. DALE MABRY HWY.
STE. 206
TAMPA, FL 33614

FEI Number: 59-3599561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BANKS, MAUREEN J
7825 N. DALE MABRY HWY., STE. 206
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

BANKS, MAUREEN J
7825 N. DALE MABRY HWY.
STE. 206
TAMPA, FL 33614 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: MAUREEN J. BANKS 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BANKS, MAUREEN
Address: 14320 DIPLOMAT DR
City-St-Zip: TAMPA, FL 33613 31

Title: ST ( ) Delete
Name: MC BRIDE, MARY
Address: 3954 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BANKS, MAUREEN
Address: 14320 DIPLOMAT DR
City-St-Zip: TAMPA, FL 33613 US

Title: ST (X) Change ( ) Addition
Name: MC BRIDE, MARY
Address: 3954 SHORESIDE CIRCLE
City-St-Zip: TAMPA, FL 33624 US

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: MAUREEN J. BANKS P 04/29/2008
Electronic Signature of Signing Officer or Director Date