

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000098592

**FILED**  
**Jan 04, 2010**  
**Secretary of State**

**Entity Name:** BEHAVIORAL HEALTH OF THE PALM BEACHES, INC.

**Current Principal Place of Business:**

3153 CANADA COURT  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

631 US HIGHWAY 1  
STE 304  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

631 US HIGHWAY 1  
SUITE 304  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 65-0962565      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COSCIA, JACK  
631 US HIGHWAY 1  
SUITE 304  
NORTH PALM BEACH, FL 33408 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** DP  
**Name:** COSCIA, JACK  
**Address:** 631 US HIGHWAY 1, SUITE 304  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

**Title:** DVP  
**Name:** MULLANEY, DEBORAH A  
**Address:** 631 US HIGHWAY 1, SUITE 304  
**City-St-Zip:** NORTH PALM BEACH, FL 33408 US

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: DEBORAH A. MULLANEY

DVP

01/04/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date