

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S68311

FILED
Apr 16, 2009
Secretary of State

Entity Name: BEHAVIORAL HEALTHCARE OPTIONS, INC.

Current Principal Place of Business:

2753 SR 580
SUITE 202
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2753 SR 580
SUITE 202
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 59-3075470 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BUTLER, F. KEVIN, M.D.
2753 SR 580
SUITE 202
CLEARWATER, FL 33761 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: D () Delete
Name: BUTLER, F. KEVIN, M.D.
Address: 2753 SR 580 SUITE 202
City-St-Zip: CLEARWATER, FL 33761

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: F. KEVIN BUTLER, MD

PRES

04/16/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date