

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84114

FILED
Jul 18, 2007
Secretary of State

Entity Name: BEHAVIORAL HEALTH AND WELLNESS, INCORPORATED

Current Principal Place of Business:

2827 NW 47 ST
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

2827 NW 47 ST
MIAMI, FL 33142

New Mailing Address:

FEI Number: 65-0360962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPP, LARRY D.
2827 NW 47 ST
MIAMI, FL 33142 US

Name and Address of New Registered Agent:

CAPP, LARRY D
2827 NW 47 ST
MIAMI, FL 33142 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: LARRY D. CAPP

07/18/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CAPP, LARRY D.,
Address: 2827 NW 47 ST
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: CAPP, JABARI
Address: 19809 NE 67 CT
City-St-Zip: MIAMI, FL 33169

Title: D () Delete
Name: CAPP, JAMILA
Address: 19809 NE 67 CT
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CAPP, LARRY D
Address: 2827 NW 47 ST
City-St-Zip: MIAMI, FL 33142

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

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: LARRY D. CAPP

PD

07/18/2007

Electronic Signature of Signing Officer or Director

Date