

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S84114

FILED  
May 27, 2009  
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:**

7925 NW 12 STREET, #301  
MIAMI, FL 33126

**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:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (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

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

P

05/27/2009

\_\_\_\_\_ Date