FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V05258 (1)

1. Corporation Name
BIOBEHAVIORAL MEDICAL EQUIPMENT, INC.

Principal Place of Business
3101 UNIVERSITY BLVD S.
SUITE 202
JACKSONVILLE FL 32216
US

Mailing Address
3101 UNIVERSITY BLVD S.
SUITE 202
JACKSONVILLE FL 32216
US

3. Date Incorporated or Qualified: 01/07/1992
3a. Date of Last Report: 01/23/1995
4. FEI Number: 59-3102826 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No

2. Principal Place of Business
21 Street
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26 Street
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent
BRANT, MOORE, SAPP, MACDONALD & WELLS P.A.
50 N. LAURA ST.
SUTIE 3100
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 or 1508.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer 1	Officer 2	Officer 3	Officer 4	Officer 5	Officer 6
TITLE	D	D				
NAME	DENNIE, RONALD W., M.D.	JARVIS, GARY E.				
STREET ADDRESS	3599 UNIVERSITY BLVD., S	3101 UNIVERSITY BLVD. S.				
CITY-ST-ZIP	JACKSONVILLE FL	JACKSONVILLE FL				
	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	1	2	3	4	5	6
TITLE						
NAME						
STREET ADDRESS						
CITY-ST-ZIP						
	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] GARY E. JARVIS 2/10/96 904-721-6377
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)