Mailing Address 3601 SE OCEAN BLVD

STUART FL 34994

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

#102

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DOCUMENT # **V29952**

BEHAVIOR ANALYSTS & CONSULTANTS, INC.

Country

9. Name and Address of Current Registered Agent

·· 1999

1. Corporation Name

Principal Place of Business

2. Principal Place of Business = --

3601 SE OCEAN BLVD

Suite, Apt. #, etc.

City & State

22

23

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Zip

STUART FL 34996



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90092 010 ***150.00

	. DO NOT WRITE IN THIS SPACE						
	3. Date Incorporated or Qualifed 04/21/1992						
	4. FEI Number - Applied For 65-0339572 Not Applicable						
	5. Certificate of Status Desired						
-	6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees						
try	8. This corporation owes the current year Intangible Personal Property Tax.						

JOHNSON, PH.D., DENNIS L. 3601 SE OCEAN BLVD **SUITE #102** STUART FL 34996

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		10). Name ar	nd <u>Address</u>	of New Regis	tered A	gent	
81	Name					_		
82	Street	Address (P.O. Box N	lumber is No	ot Acceptable)			
83					, , , , , , , , , , , , , , , , , , , 			
84	City						85	Zip Code

Personal Property Tax.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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.

Coun

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SIGNATURE	Signature, typed or printed name of registered agent and title if applicat	ole. (NOTE: Re	gistered Agent signature re	equired when reinstating)	DATE	
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS IN 12
TITLE	DPT	☐ DELETE	1.1 TITLE		☐ Change	Addition
NAME	JOHNSON, DENNIS LEE		1.2 NAME	_ ~	-	
STREET ADDRESS	3601 SE OCEAN ROAD SUITE #102		1.3 STREET ADDRESS	_		,
CITY-ST-ZIP	STUART FL 34996		1.4 CITY-ST-ZIP		<u> </u>	
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change	Addition
NAME	JOHNSON, DONNA E.		2.2 NAME			
STREET ADDRESS	3601 SE OCEAN ROAD SUITE #102		2.3 STREET ADDRESS			ł
CITY-ST-ZiP	STUART FL 34996		2. 4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	☐ Addition
NAME			3.2 NAME			Ì
STREET ADDRESS			3.3 STREET ADDRESS		_	
CITY-ST-ZIP			3.4. CITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			}
CITY-ST-ZIP			4.4 CITY-ST-ZiP			
TITLE		☐ DELETE	5.1 ΠΠ.Ε		☐ Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE		Change	Addition
NAME			6.2 NAME)
STREET ADDRESS			6.3 STREET ADDRESS	ن سف	· - `	~ -
CITY-ST-ZIP	and the second s	·	6.4 CITY-ST-ZIP			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

