Apr 06, 1999 8:00 am Secretary of State

04-06-1999 90082 037 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V47797

1. Corporation Name BEHAVIORAL MANAGEMENT SYSTEMS, INC.					
	•				
Principal Place	of Business	Mailing Address	·	F 1004) Otenti nimit tauti imala lalik ladi Bilati Bilati	81811 81811 81811 81811 1991
9420 CALLIANDRA DR. 9420		9420 CALLIANDRA DR.			
BOYNTON BEACH FL 33436		BOYNTON BEACH FL 33436		DO NOT WRITE IN THIS SF	3405
				3. Date Incorporated or Qualifed	ACE
				06/29/1992	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		Suite, Apt. #, etc.		65-0347810	\$8.75 Additional
Suite, Apt. #, etc.		⊢		5. Certificate of Status Desired	Fee Required
City & State		City & State		E Flortion Compaign Financing \$5.00 May Re	
23	•	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intang	gible
24	25	29	30]Yes □No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Ag	ent
8					
DEGEORGE, JOSEPH			82 Street Ad	tdress (P.O. Box Number is Not Acceptable)	
9420 CALLIANDRA DRIVE					
BUY	NTON BEACH FL 33436		83		
			84 City		85 Zip Code
ł			1 1 7	<u> </u>	
11. Pursuant office or reagent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State n familiar with, and accept the obliga	2 and 607.1508, Florida Statute of Florida. Such change was au tions of, Section 607.0505, Flor	es, the above-named co uthorized by the corpora ida Statutes.	orporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointm	anging its registered inent as registered
SIGNATURE			Registered Agent signature requ		
12.	Signature, typed or printed name of registered age	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		Change
NAME	DEGEORGE, JOSEPH		1.2 NAME		
STREET ADDRESS	9420 CALLIANDRA DR.		1.3 STREET ADDRESS		Ì
CITY-ST-ZIP	BOYNTON BEACH FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
. CITY-ST-ZIP	<u> </u>		2.4 CITY-ST-ZIP		
TITLE	<u> </u>	☐ DELETE	3.1 TITLE	L	☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	4.1 TITLE	. ι	_i cliquide (□ Modioon
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE		□ NEFETE	5.1 TITLE 5.2 NAME	· · · · · · · · · · · · · · · · · · ·	
NAME			V.L		

CITY-ST-ZiP 14. 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CiTY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADORESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition