

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

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90082 037 ***150.00

DOCUMENT # V47797

1. Corporation Name

BEHAVIORAL MANAGEMENT SYSTEMS, INC.

Principal Place of Business
9420 CALLIANDRA DR.
BOYNTON BEACH FL 33436

Mailing Address
9420 CALLIANDRA DR.
BOYNTON BEACH FL 33436

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1992

4. FEI Number

65-0347810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEGEORGE, JOSEPH
9420 CALLIANDRA DRIVE
BOYNTON BEACH FL 33436

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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
D DEGEORGE, JOSEPH
STREET ADDRESS
9420 CALLIANDRA DR.
CITY-ST-ZIP
BOYNTON BEACH FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

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6.1 TITLE ☐ Change ☐ Addition

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7.1 TITLE ☐ Change ☐ Addition

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8.1 TITLE ☐ Change ☐ Addition

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9.1 TITLE ☐ Change ☐ Addition

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10.1 TITLE ☐ Change ☐ Addition

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11.1 TITLE ☐ Change ☐ Addition

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13.1 TITLE ☐ Change ☐ Addition

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14.1 TITLE ☐ Change ☐ Addition

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15.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

16.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/99

(561) 732-5611

Day

Daytime Phone #

0045278

CR2E034 (11/98)