

1.) CORPORATION NAME: ALLIED & BEHAVIORAL HEALTHCARE INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS INC. 7288 HANOVER GREEN DR MECHANICSVILLE, VA	DUE DATE: 4/30/2016 SCC ID NO: F1993619 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	1,000
CLASS	AUTHORIZED				
COMMON	1,000				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY					
4.) STATE OR COUNTRY OF INCORPORATION: NJ					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 521 GREEN ST STE 203 CITY/ST/ZIP: ISELIN, NJ 08830

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: GEORGE CASSOTIS TITLE: PRESIDENT ADDRESS: 521 GREEN ST CITY/ST/ZIP/CO: ISELIN, NJ 08830	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: SABRINA VEITCH TITLE: DIRECTOR ADDRESS: 521 GREEN ST CITY/ST/ZIP/CO: ISELIN, NJ 08830	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ GEORGE CASSOTIS	GEORGE CASSOTIS, PRESIDENT	4/1/2016
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.