

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

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**FILED**

97 APR 29 PM 2:19

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #** 640267  
1. Corporation Name

**PSYCHIATRIC FACILITY AT MEDFIELD, INC.**

Principal Place of Business: 3820 State Street, Santa Barbara, CA 93105  
Mailing Address: c/o Mary H. Yumibe, 3820 State Street, Santa Barbara, CA 93105

3. Date Incorporated or Qualified: 6/11/83  
3a. Date of Last Report: 1996

2. Principal Place of Business: 21 State Apt # etc, 22 City & State, 23 Zip, Country  
2a. Mailing Address: 26 Suite, Apt #, etc, 27 City & State, 28 Zip, Country  
4. FEI Number: 59-1295732  
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

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

C T Corporation System  
1200 S. Pine Island Road  
Plantation, FL 33324

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: FL

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 1997	
TITLE: P	<input type="checkbox"/> DELETE	1.1 TITLE	
NAME: Timothy L. Pullen		1.2 NAME	
STREET ADDRESS: 14001 Dallas Parkway		1.3 STREET ADDRESS	
CITY-ST-ZIP: Dallas, TX 75240		1.4 CITY-ST-ZIP	
TITLE: EVP/CFO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Trevor Fetter		2.2 NAME	
STREET ADDRESS: 3820 State Street		2.3 STREET ADDRESS	
CITY-ST-ZIP: Santa Barbara, CA 93105		2.4 CITY-ST-ZIP	
TITLE: SVP/S/D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Scott M. Brown		3.2 NAME	
STREET ADDRESS: 3820 State Street		3.3 STREET ADDRESS	
CITY-ST-ZIP: Santa Barbara, CA 93105		3.4 CITY-ST-ZIP	
TITLE: AS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Terence P. McMullen		4.2 NAME	
STREET ADDRESS: 3820 State Street		4.3 STREET ADDRESS	
CITY-ST-ZIP: Santa Barbara, CA 93105		4.4 CITY-ST-ZIP	
TITLE: AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Alan Lundgren		5.2 NAME	
STREET ADDRESS: 3820 State Street		5.3 STREET ADDRESS	
CITY-ST-ZIP: Santa Barbara, CA 93105		5.4 CITY-ST-ZIP	
TITLE: AS	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: Alan Lundgren		6.2 NAME	
STREET ADDRESS: 3820 State Street		6.3 STREET ADDRESS	
CITY-ST-ZIP: Santa Barbara, CA 93105		6.4 CITY-ST-ZIP	

14. I do 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 included 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Scott M. Brown* Scott M. Brown, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97  
Date

805/563-7075  
Daytime Phone #

CR2E034 (9/96)