FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 APR 27 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **843489** **(6)**

1. Corporation Name

NME PSYCHIATRIC HOSPITALS, INC.

Principal Place of Business	Mailing Address
2700 COLORADO AVE LEGAL DEPARTMENT SANTA MONICA CA 90404	2700 COLORADO AVE LEGAL DEPARTMENT SANTA MONICA CA 90404

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/18/1979
3a. Date of Last Report: 04/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 52-1270430 ☐ Applied For ☐ Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	FOCHT, MICHAEL H	12 NAME	
STREET ADDRESS	2700 COLORADO AVE	13 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	14 CITY ST ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	LICO, VINCENT J	22 NAME	
STREET ADDRESS	2700 COLORADO AVE	23 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	24 CITY ST ZIP	
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	BROWN, SCOTT M	32 NAME	
STREET ADDRESS	2700 COLORADO AVE	33 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	34 CITY ST ZIP	
TITLE	CFO	41 TITLE	☐ Change ☐ Addition
NAME	MATHIASEN, RAYMOND L	42 NAME	
STREET ADDRESS	2700 COLORADO AVE	43 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	44 CITY ST ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	SILVER, RICHARD B	52 NAME	
STREET ADDRESS	2700 COLORADO AVE	53 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	MCMULLEN, TERENCE P	62 NAME	
STREET ADDRESS	2700 COLORADO AVE	63 STREET ADDRESS	
CITY ST ZIP	SANTA MONICA CA 90404	64 CITY ST ZIP	

300001468123
-04/28/95--01045--005
****200.00 ****200.00

JPM 4/27

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: _____ 4/24/95 310/998-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Scott M. Brown, Secretary and Director

0393040 CP