FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(6)

DOCUMENT # 96 JAN 29 PH 2: 00 NME PSYCHIATRIC HOSPITALS, INC. Principal Place of Business Mailing Address 2700 COLORADO AVE 2700 COLORADO AVE -02/06/96--01101--022 LEGAL DEPARTMENT LEGAL DEPARTMENT *****200.00 ******200.00
3. Date incorporated or Qualified 3a. Date of Last Report SANTA MONICA CA 90404 SANTA MONICA CA 90404 06/18/1979 04/27/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 52-1270430 21 26 Not Applicable Suite Ant. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 70 Zip Country 8. This corporation has liability for intangible tax under s. 199.032. 30 Florida Statutes Yes No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 83 PLANTATION FL 33324 City Zip Code 85 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, type dier prioseo name of registered agent and the diapplicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. DELETE Change Addition THE 1.1 TIFLE CR2E034 FOCHT, MICHAEL H NAMÉ 1.2 NAME 2700 COLORADO AVE STREET ADDRESS 1.3 STREET ADDRESS SANTA MONICA CA 90404 1.4 CITY-ST-ZIP X DELETE Change Addition TILLE **VP** 2 1 TITLE NAME LICO. VINCENT J 2.2 NAME STREET ADDRESS 2700 COLORADO AVE 2.3 STREET ADDRESS SANTA MONICA CA 90404 24 CITY-ST-ZIP CHY-SI-ZIE [] DELFTE 3 1 TITLE ☐ Change ★ Addition 11115 SD Senior Vice President BROWN, SCOTT M NAME 3.2 NAME 2700 COLORADO AVE 3.3 STREET ADDRESS STREET ADDRESS **SANTA MONICA CA 90404** CHY-S1-ZIP 34 CITY - ST - ZIP Senior Vice President DELETE TillE 4 1 Title Change **★** Addition CFO MATHIASEN, RAYMOND L NAME 4.2 NAME STREET ADDRESS 2700 COLORADO AVE 4 3 STREET ADDRESS SANTA MONICA CA 90404 4.4 CITY - ST - ZIP CHY-S1-ZIF DELETE Change ■ Addition THE 5 1 TITLE Vice President SILVER, RICHARD B NAME 5 2 NAME 2700 COLORADO AVE STREET ADDRESS 5 3 STREET ADDRESS SANTA MONICA CA 90404 5 4 CITY-ST-ZIP CID - S1 - 7IP Vice President and TITLE DELETE 6 1 TITLE Change | Addition NAME MCMULLEN, TERENCE P 6.2 NAME Treasurer

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)(k), 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 eath; 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.

6.3 STREET ADDRESS

STREET ADDRESS.

2700 COLORADO AVE

ONING OFFICER OR DIRECTOR

1/24/96

FILED

(310)998-8427

(12/95)