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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

Principal Place of Business

DOCUMENT # 843489

(6)

Mailing Address

NME PSYCHIATRIC HOSPITALS, INC.



97 JAN 24 PM 3:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Sure Apt #, etc. Sure Apt #, etc. 27 3820 State Street 5. Certificate of Status Desired \$8.75 Additional Fee Required Control \$3.50 May Be Added to Fees \$2.75 May State \$3.50 May Be Added to Fees \$3.50 May Be Added to Fees \$4.50 May Be Added to Fees \$4.5	2700 COLORADO AVE LEGAL DEPARTMENT SANTA MONICA CA 90404			LEG	2700 COLORADO AVE LEGAL DEPARTMENT SANTA MONICA CA 90404-3521				3. Date Incorporated or Qualified	J	ale of Last R	eport	
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SIGNATURE 10. Name and Address of New Registered Agent 10. Name an)5	T 110 A	29	•	2105 770							
11. Pursuant to the provisions of Scotions 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 submits this statement for the purpose of changing its registered agent. In the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered agent. In the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. In the State of Florida. Such change was authorized by the corporation in submits this statement for the purpose of changing its registered office or registered agent. In the State of Florida. Such change was authorized by the corporation in submits this statement for the purpose of changing its registered office or registered agent. In the State of Florida. Such change was authorized by the corporation submits this statement for the purpose of changing its registered office or registered agent. In the State authorized by the corporation submits this statement for the purpose of changing its registered office for its purpose of changing its registered office for its purpose of change in the state authorized by the corporation submits this statement for the purpose of changing its registered office for its purpose of changing its registered office for its purpose of change in the corporation submits this statement for the purpose of changing its registered office for its purpose of change in the corporation submits this statement for the purpose of changing its registered office for its purpose of changing its registered of its purpose of changing its registered													
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STATE ADDRESS City FL ST Code							Street Address (P.U. Box number is Not Acceptable)						
11. Pursuant to the provisions of Sections 607 0502 and 607 1509. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE SQ YOUR Provisions and Section 607 0502 and 607 1509. Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. Timothy L. Pullen Change Addition SIREEL ADDRESS STREET ADDRESS SANTA MONICA CA 90404 12. OFFICERS AND DIRECTORS 13. Timothy L. Pullen 12. OFFICERS AND DIRECTORS 13. Timothy L. Pullen 12. OFFICERS AND DIRECTORS 13. Timothy L. Pullen 13. SIREEL ADDRESS Timothy L. Pullen 14. Change Addition 14. Change Addition 15. SIREEL ADDRESS ANTA MONICA CA 90404 14. CITY-ST-2P 16. SU 17. ST-2P 18. SANTA MONICA CA 90404 18. SIREEL ADDRESS SANTA MONICA CA 90404 19. SIREEL ADDRESS ANTH MONICA C	1 04		TTTE				83						
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NOTE Registered Agent signature required when sentating) DATE			·	•									
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6.3 STREET ADDRESS 3820 State Street	STREET ADDRESS										ww	7-11-4	
64 CITY-S1-ZIP Santa Barbara, CA 93105 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	City-St-ZiP	supposit state	has indicated a	10 de 10 de	a dittale also				Santa Barbara, CA 93	105		1 0	

I form the control of the information supplied with this limit does not quality for the exemption stated in Section 1.19.07(3)(), Florida Statutes. Flurther 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.

Alan Lundgren, Asst. Sec'y

805/563-7075