

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

APPROVED
AND
FILED

97 JAN 24 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 843489

(6)

1. Corporation Name

NME PSYCHIATRIC HOSPITALS, INC.



Principal Place of Business

2700 COLORADO AVE
LEGAL DEPARTMENT
SANTA MONICA CA 90404

Mailing Address

2700 COLORADO AVE
LEGAL DEPARTMENT
SANTA MONICA CA 90404-3521

3. Date Incorporated or Qualified

06/18/1979

3a. Date of Last Report

01/29/1996

2. Principal Place of Business

21 3820 State Street

Suite, Apt. #, etc.

22 City & State

23 Santa Barbara, CA

Zip

24 93105

Country

25 USA

2a. Mailing Address

26 c/o Mary H. Yumibe

Suite, Apt. #, etc.

27 3820 State Street

City & State

28 Santa Barbara, CA

Zip

29 93105

Country

30 USA

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☒ DELETE

NAME FOCHT, MICHAEL H
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE SV ☐ DELETE

NAME BROWN, SCOTT M
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE SV ☒ DELETE

NAME MATHIASSEN, RAYMOND L
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE V ☐ DELETE

NAME SILVER, RICHARD B
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE VT ☐ DELETE

NAME MCMULLEN, TERENCE P
STREET ADDRESS 2700 COLORADO AVE
CITY-ST-ZIP SANTA MONICA CA 90404

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☐ Change ☒ Addition

1.2 NAME Timothy L. Pullen
1.3 STREET ADDRESS 14001 Dallas Parkway
1.4 CITY-ST-ZIP Dallas, TX 75240

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS 3820 State Street
2.4 CITY-ST-ZIP Santa Barbara, CA 93105

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 000002068120--1
-01/24/97--01086--015
3.4 CITY-ST-ZIP *****165.00 *****165.00

4.1 TITLE V/S ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS 3820 State Street
4.4 CITY-ST-ZIP Santa Barbara, CA 93105

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS 3820 State Street
5.4 CITY-ST-ZIP Santa Barbara, CA 93105

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME Alan Lundgren
6.3 STREET ADDRESS 3820 State Street
6.4 CITY-ST-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 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:

Alan Lundgren, Asst. Sec'y

1/21/97

805/563-7075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)