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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **843489**

1. Corporation Name

NME PSYCHIATRIC HOSPITALS, INC.

Principal Place of Business

**3620 STATE STREET
SANTA BARBARA CA 93105**

Mailing Address

**C/O MARY H. YUMIBE
3620 STATE STREET
SANTA BARBARA CA 93105**

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

**CT 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

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 that applicable

(NOTE: Registered Agent must be a natural person, resident of Florida)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	P	[] DELETE
NAME	PULLEN, TIMOTHY	
STREET ADDRESS	14001 DALLAS PARKWAY	
CITY-STATE-ZIP	DALLAS TX 75240	
TITLE	DV	[X] DELETE
NAME	BROWN, SCOTT M	
STREET ADDRESS	3620 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	VS	[X] DELETE
NAME	SILVER, RICHARD B	
STREET ADDRESS	3620 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	VT	[] DELETE
NAME	MCMULLEN, TERENCE P	
STREET ADDRESS	3620 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE	AS	[X] DELETE
NAME	LUNDGREN, ALAN	
STREET ADDRESS	3620 STATE STREET	
CITY-STATE-ZIP	SANTA BARBARA CA 93105	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Add
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	[] Change [X] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	[] Change [] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	[] Change [] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	[] Change [X] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	[] Change [] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-ZIP	

DVS
Richard B. Silver
3620 State Street
Santa Barbara, CA 93105

AS
Caitlin M. Larsen
3620 State Street
Santa Barbara, CA 93105

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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, with all other like empowered.

SIGNATURE:

Richard B. Silver
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard B. Silver, Secretary

4/8/99

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