2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F07000004546

Entity Name: PACIFICARE BEHAVIORAL HEALTH, INC.

Current Principal Place of Business:

3120 LAKE CENTER DRIVE
SANTA ANA, CA 92704

New Principal Place of Business:

Current Mailing Address:

PO BOX 25032
SANTA ANA, CA 927995032

New Mailing Address:

PO BOX 25032
MAIL STOP CA112-0267
SANTA ANA, CA 927995032

FEI Number: 33-0538634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SPARKMAN, DAVID L	
Address:	9900 BREN ROAD EAST	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	DP	( ) Delete
Name:	BAYER, GREGORY A	
Address:	425 MARKET STREET 27TH FLOOR	
City-St-Zip:	SAN FRANCISCO, CA 94105	
Title:	COO	( ) Delete
Name:	BAYER, GREGORY A	
Address:	425 MARKET STREET 27TH FLOOR	
City-St-Zip:	SAN FRANCISCO, CA 94105	
Title:	S	( ) Delete
Name:	RYAN, TIMOTHY F	
Address:	9900 BREN ROAD EAST	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	T	( ) Delete
Name:	OBERRENDER, ROBERT W	
Address:	9900 BREN ROAD EAST	
City-St-Zip:	MINNETONKA, MN 55343	
Title:	S	( ) Delete
Name:	EASTERDAY, ADAM	
Address:	7632 SW DURHAM RD SUITE 300	
City-St-Zip:	TIGARD, OR 97224	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	CFO	(X) Change ( ) Addition
Name:	DAVIS, LESLIE J	
Address:	425 MARKET STREET 27TH FLOOR	
City-St-Zip:	SAN FRANCISCO, CA 94105	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	AS	(X) Change ( ) Addition
Name:	EASTERDAY, ADAM	
Address:	7632 SW DURHAM RD SUITE 300	
City-St-Zip:	TIGARD, OR 97224	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA LUIS AS 04/24/2008

Electronic Signature of Signing Officer or Director — Date