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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9400001046 (1)

FIRST MENTAL HEALTH, INC.

FILED Feb 19 1998 8:00am Secretary of State

Principal Place	e of Business	Mailing Address		- 1 1001(01 1110 1011) 810/1	. <b>Odili od</b> ili <b>od</b> ili <b>od</b> ili o	AIDI SIDII DDEIL ASI	TYO GOTH FORE	
5680 NEW NORTHSIDE OR #1400 5680 NEW NORTHSI		5660 NEW NORTHSIDE DR						
SUITE 1400 ATOLANTA GA 30328		SUITE 1400 ATLANTA GA 30328		DO I	DO NOT WRITE IN THIS SPACE			
US		U\$		3. Date incorporated or	Qualified			
		-1		03/02/1994				4
<u></u>	lace of Business	2a. Mailing Address		4. FEI Number		<del></del>	oplied For	-
	O Cox Road	26 3200 Highland	Avenue	62-1321125			ot Applicable	-{
Suite, Apt.	#, etc.	<u> </u>		5. Certificate of Status I	Desired 🔲		Additional equired	
City & State	Α	City & State		C Stanting Communication				┨
	n Allen. VA	28 Downers Grov	e, IL	6. Election Campaign F Trust Fund Contribut			May Be to Fees	
Zip 230	60 Country USA	<sup>Zip</sup> 60515	Country USA	8. This corporation owe Personal Property Ta			angible No	1
24	9. Name and Address of Current		<u> </u>	10. Name and Address				┨
C T CORPORATION SYSTEM  81 Name								1
	DO SOUTH PINE ISLAND ROAD						1	
PLANTATION FL 33324			82 Stree	Address (P.O. Box Number is No	xt Acceptable)			
	WITH THE COOL		83					1
Ţ						11 -:		1
			84 City		FI	L  85   Zip (	Code	1
11. Pursuant i	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-name	d corporation submits this stateme	ent for the purpose	of changing it	ts registered	1
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	e	5115 61, 66611511 601 (BB66) 1 16116	3 <u>2</u> 0.0.0.00					
SIGNATURE	Signature typed or printed name of registered agent	and title if applicable (NO1E: R	legistered Agent signatu	re required when reinstating)	DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGE	S TO OFFICERS AN			
TITLE	<u>V.:</u>	<b>☆</b> DELETE	1.1 TITLE	D/P		Change	X Addition	15
NAME	BURT, BARRY W	• · · · · · · · · · · · · · · · · · · ·	1,2 NAME	Teresa DiMarco				[5
STREET ADDRESS	THREE CORORATE SQUARE,	SUITE 700	1.3 STREET ADDRESS	,				<u>È</u>
CITY-ST-ZIP	ATLANTA GA 30329		1.4 CITY - ST - ZIP	Glen Allen, VA 2	3060			Ϊġ
TITLE	COBD	X DELETE	2.1 TITLE	D/V/T		Change	X Addition	۲
NAME	JACKSON, RICHARD D		2.2 NAME	Joseph E. Whitter				
STREET ADDRESS	20 MARIETTA STREET		2.3 STREET ADDRESS	Jugo might and mile				
CITY-ST-ZIP	ATLANTA GA 30303	DELETE	2. 4 CITY - ST - ZIP	Downers Grove, I	<u> 60515</u>	110	4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	┨
TITLE	CEO	<b>X</b> DELETE	3.1 TITLE	D/V		Change	Addition	-
NAME	SEYMOUR, HARLAN F		3.2 NAME	Edward L. Wrister				
STREET ADDRESS	4300 COX ROAD		3.3 STREET ADDRESS	3200 Highland Av				1
CITY-ST-ZIP	GLÉN ALLEN VA 23060	Drifte	3.4. CITY-ST-ZIP	Downers Grove, I	90212	Change	Addita-	1
TITLE	EVI EMMONE DAVMOND A	X DELETE	4.1 TITLE	S		Griange	Addition	1
NAME	EMMONS, RAYMOND A 3 CORPORATE SQUARE, SUIT	E 700	4. 2 NAME	Susan T. Smith				
STREET ADDRESS	~ ~ ~ · · · · · · · · · · · · · · · · ·	E 100	4.3 STREET ADDRESS	JECO HERITAM HA	enue			
CITY-ST-ZIP	ATLANTA GA 30329 EVGC	X DELETE	4.4 CITY-ST-ZIP	Downers Grove, II	1 00313	Change	X Addition	1
TITLE	HUTTO, RANDOLPH L	NAT PETEL	5.1 TITLE	AS		CT CHIENTER	Manifoli	
NAME	3 CORPORATE SQUARE, SUIT	E 700	5.2 NAME	James G. Council				
STREET ADDRESS	ATLANTA GA 30329	£ 700	5.3 STREET ADDRESS	4300 Cox Road	2060			
CITY-ST-ZIP TITLE	EV	X DELETE	5.4 City-ST-ZIP 6.1 Title	Glen Allen, VA 23	1000	Change	Addition	1
l J	CANOVA, JACOB L	<u>Q</u> i occin	6.2 NAME			viralige	Addition	
NAME COREST ADDRESS	4300 COX ROAD	į	i e	}				1
STREET ADDRESS	GLEN ALLEN VA 23060		6.3 STREET ADDRESS					
CITY-ST-ZIP	GLEIT ALLEIT YA 23000		6.4 CITY - ST - ZIP		<del></del>			J

14. I 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 of an attachment with an address.

ONATURE ALLANA TALLINA DELLA D