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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000006246 (2)

1. Corporation Name
AMERICAN DAY BEHAVIORAL HEALTH SERVICES, P.C.

Principal Place of Business
11200 WAPLES MILL ROAD
SUITE 100
FAIRFAX VA 22030

Mailing Address
11200 WAPLES MILL ROAD
SUITE 100
FAIRFAX VA 22030-7407



3. Date Incorporated or Qualified 12/07/1994
3a. Date of Last Report 05/01/1996

4. FEI Number 54-1726091
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

2. Principal Place of Business
21 2661 Riva Road
Suite, Apt. #, etc. Suite 1020
City & State Annapolis, MD
Zip 21401 Country

2a. Mailing Address
26 2661 Riva Road
Suite, Apt. #, etc. Suite 1020
City & State Annapolis, MD
Zip 21401 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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	<input checked="" type="checkbox"/> DELETE
NAME	DON, HILARY I	
STREET ADDRESS	2506 PICKWICK ROAD	
CITY-ST-ZIP	BALTIMORE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	THOMPSON, BARBARA J	
STREET ADDRESS	2661 RIVA ROAD, STE 1020	
CITY-ST-ZIP	ANNAPOLIS MD	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	STEIN, MARTIN H	
STREET ADDRESS	11200 WAPLES MILL ROAD, STE 150	
CITY-ST-ZIP	FAIRFAX VA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	PETRALIA, PATRICIA J	
STREET ADDRESS	11200 WAPLES MILL ROAD, STE 150	
CITY-ST-ZIP	FAIRFAX VA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	V.S.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Thompson, Barbara J
2.3 STREET ADDRESS	2661 Riva Road, Suite 1020
2.4 CITY-ST-ZIP	Annapolis, MD 21401
3.1 TITLE	P.T.D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Stein, Martin H
3.3 STREET ADDRESS	2661 Riva Road, Suite 1020
3.4 CITY-ST-ZIP	Annapolis, MD 21401
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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:

Barbara Thompson, Vice President

5/24/97

410-224-2382

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CR2E034 (9/96)