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CORPORATION ANNUAL REPORT



Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # F96000000479 (3)

CONTINUUM BEHAVIORAL HEALTHCARE CORPORATION

Principal Place of Business	Mailing Address
ONE MAYNARD DRIVE PARK RIDGE NJ 07656 US	400 OYSTER POINT BLVD STE 306 SOUTHY SAN FRANCISCO CA 94080

FILED May 01 1998 8:00am Secretary of State



	e of Business	Mailing Address				
ONE MAYNARD DRIVE PARK RIDGE NJ 07656		400 OYSTER POINT BLVD STE 306 SOUTHY SAN FRANCISCO CA 94080				
Parik Kiluge I US	NJ 07656	SOUTHY SAN FRANCE	SCO CA 94080	DO NOT WRITE IN THIS S	SPACE	
00				3. Date Incorporated or Qualified	JI AOL	
				01/29/1996		
2. Principal Pl	lace of Business	2s. Mailing Address		4. FEI Number	Applied For	
21		26 3414 PEACHTREE RD, NE		22-3348648	Not Applicab	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
2		27 SUITE 140	20	6. Certificate of Status Desired	Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May B		
3		28 ATLANTA	_GA	Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr		
4	25 25 Name and Address of Curr	29 30326	30 US	Personal Property Tax due June 30. 10. Name and Address of New Registered A	Yes No	
	CORPORATION SYSTEM	eur Vedistelen Wägur	81 Name	10. Name and Address of New Registered I	- Agent	
		`				
	DO SOUTH PINE ISLAND ROAD	,	82 Street Ad	et Address (P.O. Box Number is Not Acceptable)		
PU	ANTATION FL 33324		83			
			63			
			84 City		85 Zip Code	
				<u> </u>	<u> </u>	
11. Pursuant t	to the provisions of Sections 607.0 registered agent, or both, in the Siz	502 and 607 1508, Fjorida Sta ato of Florida. Such channe wa	tutes, the above-named co is authorized by the coroor	orporation submits this statement for the purpose of ration's board of directors. I hereby accept the app	changing its registere	
					- minimum and regional equ	
agent. I a	m familiar with, and accept the obl	ligations of, Section 607.0505,	Florida Statutes.			
SIGNATURE						
SIGNATURE	Signature typed or posted renor of registered (agent and life if applicable (N	IOTE: Registered Agent signature rec	quired when reinstating) DATE		
SIGNATURE	Signature typed or posted renor of registered (agent and lifte if applicable (N	IOTE Registered Agent signature rec	quired when renstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
SIGNATURE	Signature typed or product numer of impediated to OFF ICE HS A	agent and life if applicable (N	OTE Registered Agent signature rec	nuired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
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signature shall have the same legal effect as if made under oath; that I am an as required by Chapter 607, Florida Statutes; and that my name appears in

(904) 814-9200

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