

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Aug 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003387 (5)

1. Corporation Name

LIBERTY BEHAVIORAL HEALTHCARE MANAGEMENT CORP.

Principal Place of Business

21 CUSTOM HOUSE STREET  
SUITE 500  
BOSTON MA 02110

Mailing Address

21 CUSTOM HOUSE STREET  
SUITE 500  
BOSTON MA 02110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/03/1996 3a. Date of Last Report

4. FEI Number 04-3284656 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address

21 21 Custom House Street Suite, Apt. #, etc.

22 27 City & State City & State

23 28 Boston, MA Zip Country

24 25 29 02110 30 USA

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD HARTIGAN, WILLIAM J	1.1 TITLE	
NAME	21 CUSTOM HOUSE STREET, STE 500	1.2 NAME	
STREET ADDRESS	BOSTON MA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T JACOBS, FREDERIC H	2.1 TITLE	
NAME	21 CUSTOM HOUSE STREET, STE 500	2.2 NAME	
STREET ADDRESS	BOSTON MA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VD EUSTIS, ROBERT D	3.1 TITLE	
NAME	21 CUSTOM HOUSE STREET, STE 500	3.2 NAME	
STREET ADDRESS	BOSTON MA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AT ROSS, PATRICIA A	4.1 TITLE	
NAME	21 CUSTOM HOUSE STREET, STE 500	4.2 NAME	
STREET ADDRESS	BOSTON MA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AC GRINGERI, ELIZABETH A	5.1 TITLE	
NAME	21 CUSTOM HOUSE STREET, STE 500	5.2 NAME	
STREET ADDRESS	BOSTON MA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: (617) 946-3360

CR2E034 (4/97)