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FILED

May 19 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 # F96000005623 (1)

1. Corporation Name
BEHAVIORAL HEALTHCARE CORPORATION OF DELAWARE

Principal Place of Business
102 WOODMONT BLVD., STE 500
NASHVILLE TN 37205

Mailing Address
102 WOODMONT BLVD., STE 500
NASHVILLE TN 37205-2221



3. Date Incorporated or Qualified
10/29/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

62-1516830

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	PD	<input type="checkbox"/> DELETE
NAME	STACK, EDWARD A	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	DAVIS, MICHAEL E	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUNN, WINFIELD C	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CUMMINGS, HELEN K	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOVENDER JR, JACK O	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARSON, RUSSELL L	
STREET ADDRESS	102 WOODMONT BLVD, STE 500	
CITY-ST-ZIP	NASHVILLE TN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	0	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Delk, Jr., Kenneth R.		
1.3 STREET ADDRESS	102 Woodmont Blvd. Ste. 500		
1.4 CITY-ST-ZIP	Nashville, TN 37205		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
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 included 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:

Kenneth R. Delk
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97
Date

(615)
269-3492
Daytime Phone #

CR2E034 (9/96)