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FILED
May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/29/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 102 Woodmont Blvd.

Suite, Apt. #, etc.

22 Suite 800

City & State

23 Nashville, TN

Zip

24 37205

Country

25 USA

2a. Mailing Address

26 102 Woodmont Blvd.

Suite, Apt. #, etc.

27 Suite 800

City & State

28 Nashville, TN

Zip

29 37205

Country

30 USA

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 reinstalling)

DATE

OFFICERS AND DIRECTORS

12. TITLE ☐ DELETE

PD
NAME STACK, EDWARD A
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

VST
NAME DAVIS, MICHAEL E
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

D
NAME DUNN, WINFIELD C
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

D
NAME CUMMINGS, HELEN K
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

TITLE ☒ DELETE

D
NAME BOVENDER JR, JACK O
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

TITLE ☐ DELETE

D
NAME CARSON, RUSSELL L
STREET ADDRESS 102 WOODMONT BLVD, STE 500
CITY-ST-ZIP NASHVILLE TN

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 on an attachment with an address.

SIGNATURE

[Signature]

[Signature]

4/22/98

CR2E034 (10/97)