

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90019 029 ***150.00

0646213 AT

DOCUMENT # F96000005623

1. Entity Name

BEHAVIORAL HEALTHCARE CORPORATION OF DELAWARE



Principal Place of Business

102 WOODMONT BLVD
STE 800
NASHVILLE TN 37205
US

Mailing Address

102 WOODMONT BLVD
STE 800
NASHVILLE TN 37205
US

2. Principal Place of Business

One Burton Hills Blvd.,

3. Mailing Address

One Burton Hills Blvd.

Suite, Apt. #, etc.
Suite 250

Suite, Apt. #, etc.
Suite 250

City & State

Nashville, TN

City & State

Nashville, TN

Zip

37215

Country

Davidson

Zip

37215

Country

Davidson

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

62-1516830

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VANDEWATER, DAVID T	
STREET ADDRESS	102 WOODMONT BLVD. STE. 800	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	GCSD	<input type="checkbox"/> Delete
NAME	BARNES, WILLIAM P	
STREET ADDRESS	102 WOODMONT BLVD., STE 800	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	P	<input type="checkbox"/> Delete
NAME	WESTRICH, VERNON S	
STREET ADDRESS	102 WOODMONT BLVD. STE. 800	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	VPHR	<input type="checkbox"/> Delete
NAME	STEWART, KATIE	
STREET ADDRESS	102 WOODMONT BLVD. STE. 800	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	CV	<input type="checkbox"/> Delete
NAME	DELK, KENNETH R	
STREET ADDRESS	102 WOODMONT BLVD. STE. 800	
CITY-ST-ZIP	NASHVILLE TN 37205	
TITLE	VO	<input type="checkbox"/> Delete
NAME	DENEY, ROBERT	
STREET ADDRESS	102 WOODMONT BLVD, STE 800	
CITY-ST-ZIP	NASHVILLE TN 37205	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barnes, William P.	
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
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NAME		
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	One Burton Hills Blvd., Suite 250	
CITY-ST-ZIP	Nashville, TN 37215	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen C. Petrovich

4/6/03

615-296-3000

Date

Daytime Phone #

CR2E034 (10/02)

Attachment #
80078272

ATTACHMENT
BEHAVIORAL HEALTHCARE CORPORATION OF DELAWARE
DOCUMENT NO. F96000005623

ADDITIONAL DIRECTOR:

Jamie E. Hopping

ADDITIONAL OFFICERS:

Chief Executive Officer	Jamie E. Hopping
Sr. Vice President & Secretary	Stephen C. Petrovich
Vice President	Margaret Jo Cooper
Vice President	James M. Schnuck
Vice President	Scott Kardenetz

ADDRESS FOR ALL NAMED OFFICERS:

One Burton Hills Blvd., Suite 250
Nashville, TN 37215