FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



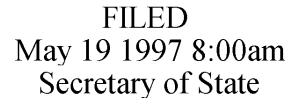
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600006543 (0)

VALUE BEHAVIORAL HEALTH, INC.





Principal Place of Business		Mailing Address				
3110 FAIRVIEW PARR DR S FALLS CHURCH VA 22042		3110 FAIRVIEW PARK DR S FALLS CHURCH VA 22042-4503				
					3. Date Incorporated or Qualified 3a. Date of Last Report 12/13/1996	
2. Principal 21	Place of Business	2a, Mailing Address 26			4. FET Number Applied For 54-1692863 Not Applicable	
Suite, Apt	. #, etc.	Suite, Apt #, etc			5 Certificate of Status Dosired \$8.75 Additional	
City & Sta	ute	City & State			Fee Required	
23		28			6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Cou	ntry	This corporation has liability for intangible tax under s. 199.032,	
24	25	[29]	30		f londa Statutes 🔲 Yes 🚜 No	
	9. Name and Address of Currer	nt Registered Agent		ad l	10. Name and Address of New Registered Agent	
CT	CORPORATION SYSTEM			81 Namo	ic .	
1200 SOUTH PINE ISLAND ROAD				82 Street	et Address (P.O. Box Number is Not Acceptable)	
PLA	NTATION FL 33324			83		
				84 City	FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607,050	2 and 607.1508, Florida Sta	atutes, the ab	ove-name	ed corporation submits this statement for the purpose of changing its registered or	
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505,	as admonzat , Florida State	utes.	probation's board of directors. Thereby accept the appointment as registered	
SIGNATURE	Signature typed or printed name of registered age					
12.	OFFICERS AN		NOTE Registered	Agent signatur	un required when rensialing) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	DELETE	1.1 III	 tF	Change Addition	
NAME	TOOKE, CHARLTON	- -	1.2 NA		La Sixings La radiation	
STREET ADDRESS	3110 FAIRVIEW PARK DR S		1.3 \$11	REET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA 22042		1.4 CIT	Y-ST-ZIP		
TITLE	D	DELETE	2 1 TJT	ı.F	Change Addition	
NAME	TOOKE, CHARLTON		2 2 NA	ME		
STREET ADDRESS	3110 FAIRVIEW PARK DR S		2 3 ST	REET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA 22042		2. 4 CI	TY-S1-ZiP		
TITLE	CFÖ	☐ DELETE	3.1 717	l F	Change Addition	
NAME	YTURRIA, SCOTT		3.2 NA	ME		
STREET ADDRESS	3110 FAIRVIEW PARK DR S		3.3 STF	REE1 ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA 22042			1Y-\$1-7IP		
TITLE	D	☐ DELETE	4.1 T(1	LE	☐ Change ☐ Addition	
NAME	PATRICELU, ROBERT		4. 2 NA	ME	1 /. /	
STREET ADDRESS	22 WATERVILLE RD		4.3 STF	REET ADDRESS	WF7/10/9	
CITY-ST-ZIP	AVON CT 06001	BELEIV		Y - S1 - 7IP	104/1/	
TITLE	D COULTANAN OTENER	☐ DELFTE	5 1 101		Secretary Change Maddition	
NAME	SCHULMAN, STEVEN		5.2 NAI		Dorthula H. Powell-Woodson 3110 Fairview Park Dr.	
STREET ADDRESS	22 WATERVILLE RD			RELEADURESS		
CITY-ST-ZIP	AVON CT 06001	DELFTE		Y-SI-ZIP	Falls Church, VA 22042	
	S Finigan, Paul	ENT DETER	6.1 1(1)		Change 🔀 Addition	
NAME STREET ADDRESS			6.2 NAM		700002198937	
STREET ADDRESS	22 WATERVILLE RD			REET ADDRESS	-06/03/9701006005	
CITY-ST-ZIP	AVON CT 06001		5.4 CIT	Y - \$1 - 7IP	<u> </u>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(f). 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 eath; that I am an officer or director of the corporation or the receiver or trusted 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.