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

FILED
Feb 05 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 # **F96000006543 (0)**

1. Corporation Name
VALUE BEHAVIORAL HEALTH, INC.

Principal Place of Business
3110 FAIRVIEW PARK DR S
FALLS CHURCH VA 22042

Mailing Address
3110 FAIRVIEW PARK DR S
FALLS CHURCH VA 22042

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/13/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 54-1692863 — 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

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	CEOP	☐ DELETE	1.1 TITLE	Senior V.P. & Director	☐ Change ☒ Addition
NAME	TOOKE, CHARLTON		1.2 NAME	Dan Moen	
STREET ADDRESS	3110 FAIRVIEW PARK DR S		1.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	FALLS CHURCH VA 22042		1.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	D	☐ DELETE	2.1 TITLE	Senior V.P. & Assistant Treasurer Director	☐ Change ☒ Addition
NAME	TOOKE, CHARLTON		2.2 NAME	Kenneth C. Donahey	
STREET ADDRESS	3110 FAIRVIEW PARK DR S		2.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	FALLS CHURCH VA 22042		2.4 CITY-ST-ZIP	Nashville TN 37203	
TITLE	CFO	☐ DELETE	3.1 TITLE	V.P. & Director	☐ Change ☒ Addition
NAME	YTURRIA, SCOTT		3.2 NAME	Rosalyn S. Elton	
STREET ADDRESS	3110 FAIRVIEW PARK DR S		3.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	FALLS CHURCH VA 22042		3.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	D	☒ DELETE	4.1 TITLE	V.P. and Secretary, Director	☐ Change ☒ Addition
NAME	PATRICELLI, ROBERT		4.2 NAME	John M. Franck II	
STREET ADDRESS	22 WATERVILLE RD		4.3 STREET ADDRESS	One Park Plaza	
CITY-ST-ZIP	AVON CT 06001		4.4 CITY-ST-ZIP	Nashville, TN 37203	
TITLE	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	POWELL-WOODSON, DORTHULA H		5.2 NAME		
STREET ADDRESS	3110 FAIRVIEW PARK DR S		5.3 STREET ADDRESS		
CITY-ST-ZIP	FALLS CHURCH VA 22042		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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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

CR2E034 (10/97)