

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
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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
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified 12/13/1996
4. FEI Number 54-1692863
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEO <input type="checkbox"/> DELETE
NAME	TOOKE, CHARLTON
STREET ADDRESS	3110 FAIRVIEW PARK DR S
CITY-ST-ZIP	FALLS CHURCH VA 22042
TITLE	D <input type="checkbox"/> DELETE
NAME	TOOKE, CHARLTON
STREET ADDRESS	3110 FAIRVIEW PARK DR S
CITY-ST-ZIP	FALLS CHURCH VA 22042
TITLE	CFO <input type="checkbox"/> DELETE
NAME	YTURRIA, SCOTT
STREET ADDRESS	3110 FAIRVIEW PARK DR S
CITY-ST-ZIP	FALLS CHURCH VA 22042
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PATRICELLI, ROBERT
STREET ADDRESS	22 WATERVILLE RD
CITY-ST-ZIP	AVON CT 06001
TITLE	S <input type="checkbox"/> DELETE
NAME	POWELL-WOODSON, DORTHULA H
STREET ADDRESS	3110 FAIRVIEW PARK DR S
CITY-ST-ZIP	FALLS CHURCH VA 22042
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Senior V.P. & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dan Moen
1.3 STREET ADDRESS	One Park Plaza
1.4 CITY-ST-ZIP	Nashville TN 37203
2.1 TITLE	Senior V.P. & Assistant Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kenneth C. Donahay
2.3 STREET ADDRESS	One Park Plaza
2.4 CITY-ST-ZIP	Nashville TN 37203
3.1 TITLE	V.P. & Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rosalyn S. Elton
3.3 STREET ADDRESS	One Park Plaza
3.4 CITY-ST-ZIP	Nashville TN 37203
4.1 TITLE	V.P. and Secretary, Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John M. Franck II
4.3 STREET ADDRESS	One Park Plaza
4.4 CITY-ST-ZIP	Nashville, TN 37203
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	

Handwritten: 2/5 2/15/98

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*****300.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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)