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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

24

Zip

DOCUMENT # F9700000361 (2)

HAI/BEHAVIORAL HEALTHCARE SOLUTIONS, INC.

Country

9. Name and Address of Current Registered Agent

25

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

Principal Place of Business Mailing Address 10150 8 CENTENNIAL PKWY 10150 S CENTENNIAL PKWY **SANDY UT 84070 SANDY UT 84070** 

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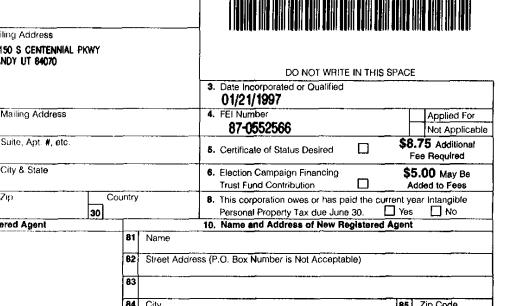
2a. Mailing Address

City & State

Ζιρ

## FILED May 20 1998 8:00am Secretary of State

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. Stonature, typed or pointed name of registered agent and title if applicable (NOTE Registered Agont signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE WILLIAMS, JACK D vacant NAME 1.2 NAME 10150 S CENTENNIAL PKWY STREET ADDRESS 1.3 STREET ADDRESS **SANDY UT 84070** CITY-ST-ZIP 1.4 CITY-ST-ZIP DVS DELETE Change Addition TITLE 21 TITLE BAYER, GREGORY A 2.2 NAME 10150 S CENTENNIAL PKWY STREET ADDRESS 2.3 STREET ADDRESS **SANDY UT 84070** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 TITLE V/O/Asst.T HACKETT, EDWARD E Bendoraitis, Thomas Michael **3.2 NAME** 10150 S CENTENNIAL PKWY 10150 S. Centennial PKWY STREET ADDRESS 3.3 STHEET ADDRESS **SANDY UT 84070** Sandy, UT 84070 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 1 4.1 TITLE Smith, Bengetta Inman LINGBERG, DENISE P NAME 4. 2 NAME 10,60 S. Centerrial Atwy 10150 S CENTENNIAL PKWY 4.3 STREET ADDRESS STREET ADDRESS **SANDY UT 84070** 4.4 CITY-ST-ZIP Sandy, 4T 14070 CITY-ST-ZIP Addition DELETE Change TITLE 5.1 TITLE Sanford, Charlotte Amile **REE**VES, TREVOR C 5.2 NAME NAME 151 FARMINGTON AVE, MB A4 3414 Peachtree Road, NE, Suite 1400 STREET ADDRESS 5.3 STREET ADDRESS HARTFORD CT 06156 CITY-ST-ZIP 5.4 CITY-ST-ZIP Atlanta GA Change DELETE Addition TITLE 6.1 TITLE DUQUETTE, ROBERT J NAME 6.2 NAME McLure, Howard Alex

City

STREET ADDRESS | 151 FARMINGTON AVE, MB A4 HARTFORD CT 06156 | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | AHBITA, CA 30326

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 receive 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 attachine it with an address.