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FILED
May 20 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 # F97000000361 (2)

1. Corporation Name

HAI/BEHAVIORAL HEALTHCARE SOLUTIONS, INC.



Principal Place of Business

10150 S CENTENNIAL PKWY
SANDY UT 84070

Mailing Address

10150 S CENTENNIAL PKWY
SANDY UT 84070

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/21/1997

4. FEI Number

87-0552566

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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)

B

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WILLIAMS, JACK D
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY UT 84070 ☒ DELETE

TITLE DVS
NAME BAYER, GREGORY A
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY UT 84070 ☐ DELETE

TITLE DT
NAME HACKETT, EDWARD E
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY UT 84070 ☒ DELETE

TITLE S
NAME LINGBERG, DENISE P
STREET ADDRESS 10150 S CENTENNIAL PKWY
CITY-ST-ZIP SANDY UT 84070 ☒ DELETE

TITLE T
NAME REEVES, TREVOR C
STREET ADDRESS 151 FARMINGTON AVE, MB A4
CITY-ST-ZIP HARTFORD CT 06156 ☒ DELETE

TITLE T
NAME DUQUETTE, ROBERT J
STREET ADDRESS 151 FARMINGTON AVE, MB A4
CITY-ST-ZIP HARTFORD CT 06156 ☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P
1.2 NAME Vacant
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☒ Change ☐ Addition

2.1 TITLE D
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☒ Change ☐ Addition

3.1 TITLE V/O/Asst. T
3.2 NAME Bendoraitis, Thomas Michael
3.3 STREET ADDRESS 10150 S. Centennial Pkwy
3.4 CITY-ST-ZIP Sandy, UT 84070 ☐ Change ☒ Addition

4.1 TITLE S
4.2 NAME Smith, Bengtson Jr
4.3 STREET ADDRESS 10150 S. Centennial Pkwy
4.4 CITY-ST-ZIP Sandy, UT 84070 ☐ Change ☒ Addition

5.1 TITLE T
5.2 NAME Sanford, Charlotte Amile
5.3 STREET ADDRESS 3414 Peachtree Road, NE, Suite 1400
5.4 CITY-ST-ZIP Atlanta, GA 30326 ☐ Change ☒ Addition

6.1 TITLE V
6.2 NAME McLure, Howard Alex
6.3 STREET ADDRESS 3414 Peachtree Road NE, Suite 1400
6.4 CITY-ST-ZIP Atlanta, GA 30326 ☐ Change ☒ Addition

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:

Thomas Michael Bendoraitis 87-0552566-756

CR2E034 (10/97)