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Aug 12 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 # **J47846** **(7)**

1. Corporation Name
MANAGED BEHAVIORAL HEALTHCARE, INC.

Principal Place of Business	Mailing Address
4200 W. CYPRESS STE. 300 TAMPA FL 33607 US	1111 BAYSIDE DRIVE STE. 100 CORONA DEL MAR CA 92625 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1986

2. Principal Place of Business	2a. Mailing Address
21 4200 W. Cypress	26 1111 Bayside Drive
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27 Suite 100
City & State 23 Tampa, FL	City & State 28 Corona del Mar, CA.
Zip / Country 24 33607 / 25 USA	Zip / Country 29 92625 / 30 USA

4. FEI Number: 59-2768210 — ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301	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, type or printed name, of registered agent and, if an officer, title) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOD	☒ DELETE	1.1 TITLE	Secretary, Director	☐ Change ☒ Addition
NAME	GHERTNER, STUART J		1.2 NAME	Courtney Watson	
STREET ADDRESS	1111 BAYSIDE DR., SUITE 100		1.3 STREET ADDRESS	1111 Bayside Drive, Suite 100	
CITY-ST-ZIP	CORONA DEL MAR CA 92625		1.4 CITY-ST-ZIP	Corona del Mar, CA. 92625	
TITLE	VSDT	☒ DELETE	2.1 TITLE	Director, COO	☐ Change ☒ Addition
NAME	RUPPERT, KERRI		2.2 NAME	Mary Jane Johnson	
STREET ADDRESS	1111 BAYSIDE DR., SUITE 100		2.3 STREET ADDRESS	1111 Bayside Drive, Suite 100	
CITY-ST-ZIP	CORONA DEL MAR CA 92625		2.4 CITY-ST-ZIP	Corona del Mar, CA. 92625	
TITLE	C	☐ DELETE	3.1 TITLE	Treasurer	☐ Change ☒ Addition
NAME	STREET, CHRISS W		3.2 NAME	Carol R. Pollack	
STREET ADDRESS	1111 BAYSIDE DR., SUITE 100		3.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
CITY-ST-ZIP	CORONA DEL MAR CA 92625		3.4 CITY-ST-ZIP	Tampa, Florida 33607	
TITLE		☐ DELETE	4.1 TITLE	Asst. Secretary	☐ Change ☒ Addition
NAME			4.2 NAME	Tasha Dolan	
STREET ADDRESS			4.3 STREET ADDRESS	4200 W. Cypress, Suite 300	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Corona del Mar, CA 92625	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	900002617279	
STREET ADDRESS			6.3 STREET ADDRESS	-08/17/98--01063--016	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00	

8/12

CR2E034 (10/97)

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: Tasha Dolan, Director of Tax, Asst Secretary — 5/1/98 — (714) 222-2273, x101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # — 0520220