FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 APR 17 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N24703 (3)

1. Corporation Name

LUTHERAN GENERAL BEHAVIORAL HEALTH CORP.

Principal Place of Business	Mailing Address
1775 DEMPSTER STREET PARK RIDGE IL 60068	1775 DEMPSTER STREET LEGAL DEPT. 9 SOUTH PARK RIDGE IL 60068

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1988
3a. Date of Last Report: 08/08/1994
4. FEI Number: 36-3553760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE		☐ Change ☐ Addition
NAME	UMMEL, STEPHEN L.	12 NAME		
STREET ADDRESS	1775 DEMPSTER STREET	13 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL	14 CITY-ST-ZIP		
TITLE	VT	21 TITLE		☐ Change ☐ Addition
NAME	BRUEGGEMAN, STEVEN E	22 NAME		
STREET ADDRESS	1775 DEMPSTER STREET	23 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL	24 CITY-ST-ZIP		
TITLE	~~DS~~	31 TITLE	Secretary	☒ Change ☒ Addition
NAME	O'KELLY, ELIZABETH S.	32 NAME	Gail D. Hasbrouck	
STREET ADDRESS	1775 DEMPSTER STREET	33 STREET ADDRESS	2025 Windsor Drive	
CITY-ST-ZIP	PARK RIDGE IL	34 CITY-ST-ZIP	Oak Brook, IL 60521	
TITLE	AS	41 TITLE		☐ Change ☐ Addition
NAME	LANDECK, KATHERINE A ESQ.	42 NAME		
STREET ADDRESS	1775 DEMPSTER	43 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	DOOT, MARTIN M.D.	52 NAME		
STREET ADDRESS	1775 DEMPSTER	53 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL	54 CITY-ST-ZIP		
TITLE	DV	61 TITLE		☐ Change ☐ Addition
NAME	LUSTER, RANDALL B	62 NAME		
STREET ADDRESS	1775 DEMPSTER	63 STREET ADDRESS		
CITY-ST-ZIP	PARK RIDGE IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(5)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Katherine A. Landeck 4-10-95 708/696-8556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074856

N24703

ATTACHMENT TO 1995 FLORIDA ANNUAL REPORT
LUTHERAN GENERAL BEHAVIORAL HEALTH CORP.

OFFICERS:

Michael E. Kerns, Assistant Secretary
1775 West Dempster Street, Park Ridge, IL 60068

Victoria L. Valenziano, Assistant Secretary
1775 West Dempster Street, Park Ridge, IL 60068