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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

APPROVED  
AND  
FILED

96 JAN 29 PM 1:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P21720 (8)

1. Corporation Name

NME PSYCHIATRIC PROPERTIES, INC.

Principal Place of Business

2700 COLORADO AVE.  
SANTA MONICA CA 90404

Mailing Address

2700 COLORADO AVE.  
SANTA MONICA CA 90404

3. Date Incorporated or Qualified

11/10/1988

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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

Signatures typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME FOCHT, MICHAEL H SR

1.2 NAME

STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

1.3 STREET ADDRESS

TITLE EVP ☒ DELETE

1.4 CITY-STATE-ZIP

NAME LICO, VINCENT J

2.1 TITLE

STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

2.2 NAME

TITLE SD ☐ DELETE

2.3 STREET ADDRESS

NAME BROWN, SCOTT M  
STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

2.4 CITY-STATE-ZIP

TITLE CFO ☐ DELETE

3.1 TITLE

NAME MATHIASSEN, RAYMOND L  
STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

3.2 NAME

TITLE AS ☐ DELETE

3.3 STREET ADDRESS

NAME SILVER, RICHARD B  
STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

3.4 CITY-STATE-ZIP

TITLE AT ☐ DELETE

4.1 TITLE

NAME MCMULLEN, TERENCE P  
STREET ADDRESS 2700 COLORADO AVE  
CITY-STATE-ZIP SANTA MONICA CA 90404

4.2 NAME

TITLE ☐ DELETE

4.3 STREET ADDRESS

NAME ☐ DELETE

4.4 CITY-STATE-ZIP

NAME ☐ DELETE

5.1 TITLE

NAME ☐ DELETE

5.2 NAME

NAME ☐ DELETE

5.3 STREET ADDRESS

NAME ☐ DELETE

5.4 CITY-STATE-ZIP

NAME ☐ DELETE

6.1 TITLE

NAME ☐ DELETE

6.2 NAME

NAME ☐ DELETE

6.3 STREET ADDRESS

NAME ☐ DELETE

6.4 CITY-STATE-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(3)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96

(310)998-8427

Date

Daytime Phone #

CR2E034 (12/95)