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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2700 COLORADO AVE.

SANTA MONICA CA 90404



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P21720

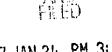
(8)

Mailing Address

2700 COLORADO AVE.

SANTA MONICA CA 90404-3521

NME PSYCHIATRIC PROPERTIES, INC.



97 JAN 24 PM 3: 04

SECRETARY OF STATE TALLAHASSEE, FLORIDA



					3. Date Incorporated or Qualified	3a. Date of Last Report
					11/10/1988	01/29/1996
	Place of Business	2a. Mailing Address	. •		4. FEI Number	Applied For
			o Mary H. Yumibe		54-1320048	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc		5. Certificate of Status Desired	\$8.75 Additional
			Street		5. Certificate of Status Desired	Fee Required
City & Sta		City & State	City & State Santa Barbara, CA		6. Election Campaign Financing	\$5.00 May Be
23	nta Barbara,CA	1.0			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax under s. 199.032,
24 93	105 ₂₅ USA	₂₉ 93105	30 US	A	L	Yes XX No
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 81 Name						
1200 S. PINE ISLAND ROAD 82 Street				treet Addres	ss (P.O. Box Number is Not Acceptal	ola)
PLANTATION FL 33324				meer Addres	ss (F.O. BOX NORBER IS NOR Acceptat	ne)
83						
			<u></u>			
			84 C	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 Signative typed or protect name of impletered agreation called applicable. (NOTE Registered Agent signature required when reinstating). DATE						
12.		ID DIRECTORS	13.	grature required	ADDITIONS/CHANGES TO OFFIC	
TOTAL	P	DELETE	1.1 Infle	P	ADDITIONS/OFFANGES TO OFF	Change Addition
NAME	FOCHT, MICHAEL H SR	-	1,2 NAME	-	.1	
STREET ADDRESS			•		nothy L. Pullen	
CITY - ST - ZIP	SANTA MONICA CA 90404		1.3 STREET ADO	1 142Y	Dol Dallas Parkway	
TITLE	EVP	DELETE	1.4 CITY-ST-Z 2.1 TITLE	AS	75240	Change 36 Addition
NAME	LICO, VINCENT J	J DEECIE	2.2 NAME		an Lundgren	L. Grange Las Addition
					20 State Street	
STREET ADDRESS	SANTA MONICA CA 90404		2.3 STREET ADO			A.F.
CITY - ST - ZIP		DELETE	2. 4 CITY-ST-2	ip san	ita Barbara, CA 931	
	SVPD	☐ Utite It	3.1 TITLE			Change Addition
NAME	BROWN, SCOTT M		3 2 NAME	382	20 State Street	
STREET ADDRESS			33 STREET ADD	RESS Can	nta Barbara, CA 931	ns
CITY - ST - ZIP	SANTA MONICA CA 90404		3.4. CITY - ST - 2	le Pari	Darvara, UA 931	
TITLE	CFO	DELETE	4.1 TITLE			Change Addition
NAME	MATHIASEN, RAYMOND L		4 2 NAME		9000020)68119 ₇₇ 4
STREET ADDRESS	2.00 0020.000		4.3 STREET ADD	PRESS	-01/24/	9701086014
CITY - ST - ZIP	SANTA MONICA CA 90404		4.4 CITY - ST - Z			5.00 ****165.00
TITLE	AS	DELETE	5 1 TITLE	VP/	'S	Change Addition
NAME	SILVER, RICHARD B		5.2 NAME	222	20 State Street	
STREET ADDRESS	2700 COLORADO AVE		53 STREET ADD	oree i		AF
CITY-S1-ZIP	SANTA MONICA CA 90404		5.4 City+St-Zi	_P San	nta Barbara, CA 931	υ ວ
THLE	AT	DELETE	61 TITLE	VP/	T	Change Addition
NAME	MCMULLEN, TERENCE P		62 NAME			1 0 1 1 1 A
STREET ADDRESS			63 STREET ADD		20 State Street	اه مان سملا/ الرا
CITY OF THE	SANTA MONICA CA 90404		CARITH OF T	San	ita Barbara, CA 931	05 4.2497

14. If do 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 Brock 12 or Block 13 if changed, or on an attachment with an address.

Alan Lundgren, Asst. Sec'y

805/563-7075