PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS							
OCUMENT # P26554 (6)										
	BEHAVIORAL CARE	, INC.					1 18011001 HE 41016 01101 01101 F	nii <b>kiri ria</b> ii <b>a</b> ii	in aran ak	4 <b>110</b> 41 <b>411</b> 01 ( <b>40</b> 1
incipal Place of Business Mailing Address										
11095 VIKING DR STE 350 EDEN PRAIRIE MN 55344 US  11095 VIKING DR STE 35 EDEN PRAIRIE MN 5534 US										
							3. Date Incorporated or Qualified 10/23/1989	1	of Last F 2/01/19	•
Principal Pla	ice of Business	2a.	Mailing Address				4. FEI Number			Applied For
		26					41-1648670			Not Applicable
Suite, Apt. #	), elc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional Required
Oity & State	_	28	City & State				Election Campaign Financing     Trust Fund Contribution		•	O May Be d to Fees
Ζιρ 	Country 25 9. Name and Address	29	Zip	30	intry		8. This corporation has liability to Florida Statutes  10. Name and Address of New	s 🔲 No	·	199.032,
	5. Name and Address	o Carrelli negis	tered Agent		81	Name	TO. Italie Bilo Addises of Item	riegistei eu	Ageill	
CT COR	RPORATION SYSTEM				82	Street Addr	ess (P.O. Box Number is Not Accepta	able)		
	PINE ISLAND ROAD							· · · · · · · · · · · · · · · · · · ·		
PLANTA	ATION FL 33324				83					
•					84	City		FL	85 Z	p Code
or registere familiar with SNATURE	ed agent, or both, in the S h, and accept the obligation Signature spector protest name of	tate of Florida Such ons of, Section 607.1 registered against and little if a	i change was authorize 0505, Florida Statutes. ngalaba: "NOTI	d by the o	corpc	amed corpor oration's boar signature required	ation submits this statement for the p d of directors. I hereby accept the ap l when reinstating!  ADDITIONS/CHANGES TO OF	pointment as	registered	d agent. I am
 F	AP	FICERS AND DIREC	TX DELETE	1.17	(TLE		resident and Direct	····	Change	Addition
ME	KRISLER, JERROLI	D A		1.2 N		l I	aniel J. Potterton	-		
EET ADORESS	11095 VIKING DRIV			1.3 \$	REET	ADDRESS 1	1095 Viking Drive,	Suite 3	50	
Y - S1 - 712	EDEN PRAIRIE MN		F3 DOLLIE	_	1Y-S1		<u>ien Prairie, MN 553</u>	44		CO Address
.F	T STACHELEK, STEF	HEN C	DEFE LE	2 1 T 2 2 N				ι	Change	Addition
ME HEE! ADDRESS	900 COTTAGE GR					ADORESS				
Y-ST-ZiP	BLOOMFIELD CT				ITY-ST					
if	T		<b>CX</b> DELETE	3 1 7	ITLE		ecretary	1	Change	Addition
ME	MARCUS, GAIL B			3 2 N			avid C. Kopp			
HEE! ADDRESS	48 HOWEY ST ASHFORD CT						O Pheasant Hill Dri			
Y-S1-ZIP ,F	D		DELETE	4 1 T	ITY - ST ITLE	- zir   <b>W</b> (	est Hartford, CT 06		Change	☐ Addition
Mf	ENGLISH, LAWREN	ICE P.		4 2 N			90000017	446	ener'	
REET ACIDRESS	900 COTTAGE GR			435	IREET A	ADDRESS	~03/15/96-~01 ****	U550	10	
Y S1-ZIP	BLOOMFIELD CT				TY-\$I		***200.00	<u>-</u>	<b>M</b> 6:	F-13
LF	D DOCOD D CHOIC		<b>□X</b> DELETE	5 1 T			irector	3	Change	Addition
ME REET ADDRESS	Doerr, R. Chris 900 Cottage Gr	OVE ROAD		52 N		l I	ohn Wilkinson			
itt i ADUSESS		OTE HOAD		5.3.5			Kilmer Lane			
TY - ST - ZIP	BLOOMFIELD CT			640	17 - SI	.7(D	ranby, CT 06035			

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 trie 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:

2/7/96

(612) 996-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 1 TITLE

6.2 NAME 6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

THILL

NAME

STHEE: ADDRESS

CITY-SI-ZIP

DELETE

(612) 996-2000

☐ Change ☐ Addition