FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P40782** **(5)**

1. Corporation Name

UNITED BEHAVIORAL SYSTEMS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1459. MR 7920 MN088313 MINNEAPOLIS MN 55440-8001 US	P.O. BOX 1459. MR 7920 MN088313 MINNEAPOLIS MN 55440-8001 US

3. Date Incorporated or Qualified: **10/02/1992**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **41-1527583** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.1505, 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, WILLIAM W., MD		1.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST		1.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN		1.4 CITY-ST-ZIP	
TITLE	PCEO	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	TADICH, JOHN		2.2 NAME	
STREET ADDRESS	9705 DATA PARK DR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLS, TRAVERS H		3.2 NAME	
STREET ADDRESS	7760 FRANCE AVENUE SO		3.3 STREET ADDRESS	
CITY-ST-ZIP	EDINA MN		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SPICOLA, BRIGID M.		4.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST		4.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KOPPE, DAVID P.		5.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST		5.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	KOPPE, DAVID P		6.2 NAME	
STREET ADDRESS	9900 BREN ROAD EAST		6.3 STREET ADDRESS	
CITY-ST-ZIP	MINNETONKA MN		6.4 CITY-ST-ZIP	

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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: _____ Brigid M. Spicola Secretary 1/15/96 (612) 936-1709

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

CR2E034 (12/95)