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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500051010 (3)

LIBERTY BEHAVIORAL MANAGEMENT OF FLORIDA. INC.

Principal Place of Business Mailing Address 1200 SOUTH PINE ISLAND ROAD 21 CUSTOM HOUSE STREET PLANTATION FL 33324 BOSTON MA 02110-3507 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1995 11/15/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 Custom House Street 21 65-0600079 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Boston, MA Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\bigcup \) Yes \(\bigcup \) No 24 | 25 | 29 02110 9. Name and Address of Current Registered Agent 25 29 30 USA 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 83 84 City 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** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) TAC 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ☐ DELETE Change Addition TITLE 1.1 TITLE HARTIGAN, WILLIAM J NAME 1.2 NAME 21 CUSTOM HOUSE STREET STREET ADDRESS 1.3 STREET ADDRESS **BOSTON MA 02210** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETÉ Change Addition TITLE 2.1 TITLE **EUSTIS. ROBERT D** NAME 2.2 NAME 21 CUSTOM HOUSE STREET STREET ADDRESS 2.3 STREET ADDRESS **BOSTON MA 02210** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE

14. I 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 Block 12 or Block 13 if changed, or on an attachment with an address.

4. 2 NAME

5.1 TITLE

5.2 NAME

61 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

SIGNATURE:

NAME

TITLE NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

WHERE THE COLLEGED Probert D. Fred 6/10/97 617-946-3360

CR2E034 (9/96)

Change

Change

Addition

Addition

FILED

Jul 30 1997 8:00am

Secretary of State