



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2008

**1. Corporate ID No.** 000100762

**2. Name of Corporation** United Behavioral Health

**3. Street Address Principal Business Office:**

No. and Street: 425 MARKET STREET, 27TH FLOOR

City or Town: SAN FRANCISCO

State: CA Zip: 94105 Country: USA

**4. Business Phone No.**

763-797-7132

**5. State of Incorporation**

State: CA

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PROVISION OF MENTAL HEALTH/CHEMICAL DEPENDENCY SERVICES.

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ROBERT W OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	TIMOTHY F RYAN	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
ASSISTANT SECRETARY	ROBERT D MEHUS	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
PRESIDENT	GREGORY A BAYER PHD	425 MARKET STREET, 27TH FLOOR SAN FRANCISCO, CA 94105-02426 USA
DIRECTOR	GREGORY A BAYER PHD	425 MARKET STREET-27TH FLOOR SAN FRANCISCO, CA 94105 USA
DIRECTOR	DAWN M OWENS	6300 OLSON MEMORIAL HWY GOLDEN VALLEY, MN 55427 USA
DIRECTOR	DAVID L SPARKMAN	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	15,000,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 14 Day of February, 2008 at 9:33:12 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT D. MEHUS  
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY  
Title

Form No. 630  
Revised 09/07

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