



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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: 2013

1. Corporate ID No. 000100762

2. Name of Corporation United Behavioral Health

3. Street Address Principal Business Office:

No. and Street: 425 MARKET STREET
14TH FLOOR

City or Town: SAN FRANCISCO State: CA Zip: 94105-2426 Country: USA

4. Business Phone No.

5. State of Incorporation

State: CA

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

Provider of Mental Health and Substance Abuse Services.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANDREW CLARK SEKEL	1250 CAPITAL OF TEXAS HIGHWAY SOUTH, BUILDING 1 SUITE 2 AUSTIN, TX 78746 USA
TREASURER	ROBERT WORTH OBERRENDER	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	TIMOTHY FRANCIS RYAN	13625 TECHNOLOGY DRIVE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	LLOYD HOWARD DYER	FLOORS 12/13/27, 425 MARKET STREET SAN FRANCISCO, CA 94105 USA

DIRECTOR

PAUL MATTHEW EMERSON

13625 TECHNOLOGY DRIVE
EDEN PRAIRIE, MN 55344 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		\$0.0000	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 7 Day of February, 2013 at 10:41:50 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 MANDELINE HENDRICKS

Signature of Authorized Representative of the Corporation

POA

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
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