



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

100414

2. Name of Corporation

PSYCHPARTNERS, INC.

3. Street Address Principal Business Office

1900 International Park Drive, Suite 220

City

Birmingham

State

Alabama

Zip

35243

4. Business Phone No.

205-967-6650

5. State of Incorporation

DELAWARE

6. SIC Code

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

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Kerry G. Teel

Street Address

Same as above

City

State

Zip

Vice President Name

Emmett E. McLean and Thomas P. Kent, Jr.

Street Address

Same as above

City

State

Zip

Secretary Name

Emmett E. McLean

Street Address

Same as above

City

State

Zip

Treasurer Name

Emmett E. McLean

Street Address

Same as above

City

State

Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Kerry G. Teel

Street Address

Same as above

City

State

Zip

Director Name

Emmett E. McLean

Street Address

Same as above

City

State

Zip

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

3,000 COMM \$.01 PAR VALUE

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

310

N/A

\$.01



File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Emmett E. McLean 7/21/99  
Signature of Officer Date

Emmett E. McLean

Print or Type Name of Officer

Senior Vice President

Title of Officer