

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

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**FILED
Dec 02 1996 8:00 am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744144
1. Corporation Name
Meridian Behavioral Healthcare, Inc.

Principal Place of Business	Mailing Address
4300 SW 13th Street Gainesville, FL 32608	

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1906214	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	23	28
Zip	Country	24	25
29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. Date Incorporated or Qualified	3a. Date of Last Report

9. Name and Address of Current Registered Agent

**Douglas L. Starr, President
601 NW 39th Road
Gainesville, FL 32605**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

I, Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *D. L. Starr* DATE: **11/22/96**

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Chairperson (D)
1.3 STREET ADDRESS	Charles E. DeBolt
1.4 CITY-ST-ZIP	12207 NW 39th Avenue Gainesville, FL 32606
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice Chairperson (D)
2.3 STREET ADDRESS	Joyce Miller
2.4 CITY-ST-ZIP	Post Office Box 520, Route 17 #1039 Bostwick, FL 32007-0520
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary (D)
3.3 STREET ADDRESS	Lillian Cason
3.4 CITY-ST-ZIP	Post Office Box 995, 68074 River Run Rd. Lake City, FL 32056 Branford, FL 32008
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	500002021000-016
4.3 STREET ADDRESS	-12/06/96--01014--016
4.4 CITY-ST-ZIP	*****70.00 *****70.00
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Treasurer (D)
5.3 STREET ADDRESS	Charles Allen
5.4 CITY-ST-ZIP	PO Box 140280, 3535 SW 34th Street Gainesville, FL 32614-0280
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *D. L. Starr / Charles L. Allen* DATE: **12/4/96** (352) 374-5600

Signature and Typed or Printed Name of Signing Officer or Director: **Douglas L. Starr, President / Charles Allen, Treasurer**

CR2E037 (3/96)

DB12-3-96