

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 17 1997 8:00 am
Secretary of State

DOCUMENT # 744144 (7)

1. Corporation Name
MERIDIAN BEHAVIORAL HEALTHCARE, INC.



Principal Place of Business Mailing Address
RT 10 BOX 418 LAKE CITY FL 32025 US
RT 10 BOX 418 LAKE CITY FL 32025-8890 US

3. Date Incorporated or Qualified **09/05/1978** 3a. Date of Last Report **02/09/1996**

2. Principal Place of Business 21 4300 SW 13th Street Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 141750 Suite, Apt. #, etc.	4. FEI Number 59-1906214	Applied For Not Applicable
22 City & State 23 Gainesville, FL	27 City & State 28 Gainesville, FL	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 Zip 32608-4006 25 Country US	29 Zip 32614-1750 30 Country US	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent JONES, ALICE RT 10 BOX 418 MICHIGAN STREET LAKE CITY FL 32025	10. Name and Address of New Registered Agent 81 Name Douglas L. Starr, Ph.D., President 82 Street Address (P.O. Box Number is Not Acceptable) 4300 SW 13th Street 83 84 City Gainesville, FL 85 Zip 32608
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11. 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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE **1/13/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP JONES, ALICE RT 10 BOX 418 LAKE CITY FL	<input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MILLER, JOYCE RT 10 BOX 418 LAKE CITY FL	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASON, LILLIAN M. RT 10 BOX 418 LAKE CITY FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, HERMAN RT 10 BOX 418 LAKE CITY, FL 0	<input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, ROSA RT 10 BOX 418 LAKE CITY, FL 0	<input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, JACK RT 10 BOX 418 LAKE CITY, FL 0	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

SIGNATURE: *[Signature]* DATE **2/7/97** (352) 374-5600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0000160

CR2E037 (9/96)