

FILE NOW: FILING FEE IS \$61.25

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**Feb 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 744144 (7)

1. Corporation Name
MERIDIAN BEHAVIORAL HEALTHCARE, INC.



Principal Place of Business 4300 SW 13TH STREET GAINESVILLE FL 32608-4006 US	Mailing Address PO BOX 141750 GAINESVILLE FL 32614-1750 US
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3. Date Incorporated or Qualified
09/05/1978

4. FEI Number
59-1906214

Applied For	Not Applicable
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2. Principal Place of Business

21	2a. Mailing Address
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22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
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23	City & State	27	City & State
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24	Zip	25	Country	29	Zip	30	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**DOUGLAS L. STARR, PHD PRESIDENT
4300 SW 13TH ST.
GAINESVILLE FL 32608**

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DEBOLT, CHARLES E 4300 SW 13TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, JOYCE 4300 SW 13TH ST. GAINESVILLE FL 32608	<input checked="" type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASON, LILLIAN 4300 SW 13TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ALLEN, CHARLES 4300 SW 13TH ST. GAINESVILLE FL 32608	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARRETT, JACK 4300 SW 13TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> DELETE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JONES, ALICE 4300 SW 13TH STREET GAINESVILLE FL 32608	<input type="checkbox"/> DELETE	

1.1 TITLE	Treasurer (T)	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	Carol Hyde		
1.3 STREET ADDRESS	4300 SW 13th Street		
1.4 CITY-ST-ZIP	Gainesville, FL 32608		
2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	Vice Chairman (VC)	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME	Charles Allen		
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
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 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: Charles Allen **REQUIRED** 1/8/98 (352) 374-5600 X8218

CR2E037 (10/97)