

2001 UNIFORM BUSINESS REPORT (UBR)

3/5.

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-05-2001 90069 021 ****70.00

DOCUMENT # 744144

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1906214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name: **Margarita Labarta, Ph.D. President**
 Street Address (P.O. Box Number is Not Acceptable):
4300 SW 13 Street
 City: **Gainesville** FL Zip Code: **32608**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed by printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	DEBOLT, CHARLES	
STREET ADDRESS	4300 SW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HYDE, CAROL	
STREET ADDRESS	4300 SW 13TH ST	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	VC	<input checked="" type="checkbox"/> Delete
NAME	MCKOY, FRANK	
STREET ADDRESS	4300 SW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D, C	<input type="checkbox"/> Delete
NAME	ALLEN, CHARLES	
STREET ADDRESS	4300 SW 13TH ST.	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GARRETT, JACK	
STREET ADDRESS	4300 SW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	
TITLE	D	<input type="checkbox"/> Delete
NAME	LONGWORTH, SHARON	
STREET ADDRESS	4300 SW 13TH STREET	
CITY-ST-ZIP	GAINESVILLE FL 32608	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Eason, Lillian	
STREET ADDRESS	4300 SW 13 St.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D, S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lillian Eason	
STREET ADDRESS	4300 SW 13 St.	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	DVC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Oliver-Lake	
STREET ADDRESS	4300 SW 13 Street	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Phillips-Macwell, Irma	
STREET ADDRESS	4300 SW 13 Street	
CITY-ST-ZIP	Gainesville, FL 32608	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charles L. Allen
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-2001

Date

Daytime Phone #

CR2E037 (10/00)