


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 01, 2005 8:00 am**  
**Secretary of State**

08-01-2005 90027 029 \*\*\*\*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

**50058922**



2. Principal Place of Business		3. Mailing Address		07012005	Chg-NP	CR2E037 (10/03)
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1906214		Applied For Not Applicable
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
LABARTA, MARGARITA PHD 4300 SW 13TH ST. GAINESVILLE, FL 32608				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Margarita Labarta*, Margarita Labarta, Ph.D, Pres/CEO 7/18/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25</b> <b>Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE	T	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	BOSSHARDT, CAROL			NAME	D Naylor, Barbara		
STREET ADDRESS	4300 SW 13TH STREET			STREET ADDRESS	4300 SW 13th Street		
CITY-ST-ZIP	GAINESVILLE, FL 32608			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	DS	<input type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SLATER, ROSLYN			NAME	D Slater, Roslyn		
STREET ADDRESS	4300 SW 13 ST			STREET ADDRESS	4300 SW 13th Street		
CITY-ST-ZIP	GAINESVILLE, FL 32608			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	VCD	<input type="checkbox"/> Delete		TITLE	VC	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BROWN, SINOMA			NAME	D Brown, Sinoma		
STREET ADDRESS	4300 SW 13TH STREET			STREET ADDRESS	4300 SW 13th Street		
CITY-ST-ZIP	GAINESVILLE, FL 32608			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	C	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALLEN, CHARLES			NAME	D Hyde, Carol		
STREET ADDRESS	4300 SW 13TH ST.			STREET ADDRESS	4300 SW 13th Street		
CITY-ST-ZIP	GAINESVILLE, FL 32608			CITY-ST-ZIP	Gainesville, FL 32608		
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				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)(l), 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: *Carol Hyde Buch* 7-28-05 (352) 374-5600 x822  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #