2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #744144

FILED Apr 07, 2006 8:00 am Secretary of State

04-07-2006 90024 008 ****70.00

	10015919

1. Entity Nat MERIDIA		VIORAL HEALT	HCARE,	INC.								
4300 SW 13TH STREET PO I		ing Address BOX 141750 NESVILLE, FL 32614-1750 US				40045919						
Principal Place of Business 3. Mailing Address												
Suite, Apt	i. #, etc.		Si	Suite, Apt. #, etc.			03152006	Chg-NP	CR2E	37 (11/05)		
City & State C		City & State			· · · · · · · · ·	4. FEI Number 59-19062	<u> </u>			pplied For		
Zip		Country	Zip Cou		untry		5. Certificate of Status Desired \$8.75 Add			ditional		
6. Name and Address of Current Registered			ed Agent		L		7. Name and Ad	idress of New R	legistered	Agent		
						Name					•	
4300 SW	I, MARGAF 13TH ST. ILLE, FL 3					Street A	Address (F	P.O. Box Number is	s Not Acceptable	9)		
	,					City					Zip Coo	ie
<u> </u>						1				FL	- `	
the obliga	e named entity tions of regist	y submits this statemen ered agent.	nt for the purp	iose of changing its	registere	ed office c	r registere	ed agent, or both, i	n the State of Ro	xida. Iam	familiar with	, and accept
SIGNATURE	Signature, typed	or printed name of registered a	gent and title if app	olicable. (NOTE	: Registerer	d Agent signa	ture required (when reinstating)		DATE		
Filing Fee is \$61.25 Due by May 1, 2006 9. Election Camp Trust Fund Co		. •	•		\$5.00 May Be Added to Fees	1		k payable t rtment of S				
10.		OFFICERS AND	DIRECTORS		11.		A	DDITIONS/CHANG	GES TO OFFICE	RS AND DI	RECTORS IN	l 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4300 SW 1	BARBARA D 13TH STREET LLE, FL 32608		Delete			4300	shardt, Ca) SW 13th nesville,	Street	1	☐ Change	X Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATER, I 4300 SW 1 GAINESVI			☐ Deleta			D Casc 4300	on, Lillia SW 13th nesville,	n Street		Change	X Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP		SINOMA D 3TH STREET LLE, FL 32608		☐ Delete			Вево 4300	olt, Charl SW 13th mesville,	es Street		Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	C HYDE, CA 4300 SW 1 GAINESVII			☐ Delete			4300	Sharon SW 13th esville,		•	☐ Change	Addition
TITLE NAME STREET AODRESS CITY-ST-ZIP				☐ Dalete	TITLE NAME STREE CITY-	T ADDRESS	4300	son, Herm SW 13th esville,	Street		Change	Addition
IITLE NAME STREET ADDRESS CITY-ST-ZIP		information supplied w	24 11 12	☐ Delete	CITY-	T ADORESS ST-ZIP	4300 Gain	rum, Rev. SW 13th	Street FL 32608		Change	Addition

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 a 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	ANNUA	L RE	PORT								
1. Entity Na	JMENT # 744144 MP BEHAVIORAL HEALTHO	CARE,	INC.								
4300 SW 1	ice of Business 3TH STREET E, FL 32608-4006 US	PO 6	ng Address BOX 141750 IESVILLE, FL 3261	4-1750) US		A	∞ 4	59	19	
2. Principal	Place of Business	3. Ma	iling Address								
Suite, Apt	t. #, etc.	Su	Suite, Apt. #, etc.			03152006	Chg-NP	CR2E0	37 (11/05)		
City & State C			City & State			4. FEI Number 59-1906				opplied For lot Applicable	
Zip					intry		5. Certificate of	of Status Desired		\$8.75 Ad Fee Require	
	6. Name and Address of Current	Registere	d Agent		None		7. Name and	Address of New	Registered	Agent	
4300 SW	A, MARGARITA PHD 13TH ST. ILLE, FL 32608				Name Street	Address (F	P.O. Box Number	r is Not Acceptab	le)		
•					City				FL	Zip Coo	ie
SIGNATURE	Signature, typed or printed name of registered agent	and title if app	ficable. (NOTE:				when reinstating)		DATE	k navahla i	
	Due by May 1, 2006		Trust Fund Co	ontributi			\$5.00 May Be Added to Fees	Flo	rida Depar	tment of S	tate
10.	OFFICERS AND DI	RECTORS		11.		Al	DDITIONS/CHAI	NGES TO OFFICE	RS AND DI		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAYLOR, BARBARA D 4300 SW 13TH STREET GAINESVILLE, FL 32608		☐ Delete			4300	worth, S SW 13th esville,			☐ Change	X ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SLATER, ROSLYN 4300 SW 13 ST GAINESVILLE, FL 32608		☐ De/ete			4300	ish, Ken SW 13th esville,		3	Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC BROWN, SINOMA D 4300 SW 13TH STREET GAINESVILLE, FL 32608		☐ Delete	1	T ADDRESS ST-ZIP	4300 Gain	lips-Max SW 13th esville,		na	☐ Change	⚠ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	C HYDE, CAROL D 4300 SW 13TH ST. GAINESVILLE, FL 32608		☐ Delete		T ADDRESS ST-ZIP	C Buck	, Carol		Name	E Change " Chan Nh	□ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADDRESS ST-ZIP	4300	, Pam SW 13th esville,	Street FL 32608	3	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Detete	TITLE NAME STREE CITY-	r address St-zip	4300	er, Mary SW 13th esville,		<u> </u>	☐ Change	Addition
indicated of the cor	tertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, v	true and a wered to e	sccurate and that my execute this report as	signatu	re shall h	ave the sa	me legal effect a	as if made under o	oath; that I a	m an officer	or director

ATTACHMENT

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

	AIIIIOA	L IXLI OIXI						
1. Entity Na	JMENT # 744144 an behavioral health	CARE, INC.				,		
4300 SW 13	ce of Business 3TH STREET E, FL 32608-4006 US	14-1750) US	A	004	5919		
2. Principal	Place of Business	3. Mailing Address						
Suite, Apt	Apt. #, etc. Suite, Apt. #, etc.				03152006 C	hg-NP	CR2E037 (11/05)	
City & Sta	State City & State				4. FEI Number 59-19062	14	 	pplied For lot Applicable
Zip	Country	Zip	Cou	intry	5. Certificate of S	tatus Desired	□ \$8.75 Ad Fee Require	Iditional
	6. Name and Address of Current Registered Agent				7. Name and Add	tress of New Re	egistered Agent	
4300 SW	, MARGARITA PHD 13TH ST. ILLE, FL 32608			Name Street Address	(P.O. Box Number is	Not Acceptable)	
		City Zip Code						
9. The share						th = Chan = 4 [] = -	FL	
	 named entity submits this statement for tions of registered agent. 	or the purpose of changing its	registere	ed office or registe	ared agent, or both, in	the State of Hor	ida. I am familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered	1 Agent signature require	ed when reinstating)		DATE	
	Filing Fee Is \$61.25 Due by May 1, 2006	9. Election Carr Trust Fund C			\$5.00 May Be Added to Fees		ike check payable t da Department of S	
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANG	ES TO OFFICER	S AND DIRECTORS IN	V 10
TITLE	Т	☐ Delete	TITLE	D			☐ Change	Addition
NAME STREET ADDRESS	NAYLOR, BARBARA D 4300 SW 13TH STREET		NAME	TADORESS 430	tes, DeWayr 00 SW 13th	le Chanch		
CITY-ST-ZIP	GAINESVILLE, FL 32608		inesville,		1			
TITLE	S	☐ Delete	TILLE		Incaville.	<u> </u>	Change	☐ Addition
NAME	SLATER, ROSLYN		NAME	i i				
STREET ADDRESS CITY-ST-ZIP	4300 SW 13 ST GAINESVILLE, FL 32608			T ADORESS ST-ZIP				
TITLE	VC	☐ Delete	TITLE				Change	☐ Addition
NAME	BROWN, SINOMA D		NAME	l l				
STREET ADDRESS CITY-ST-ZIP	4300 SW 13TH STREET GAINESVILLE, FL 32608			T ADDRESS ST-ZIP				
TITLE	C	☐ Delete	TITLE	51 ul			☐ Change	Addition
NAME	HYDE, CAROL D		NAME					
			STREE	T ADDRESS				
STREET ADDRESS	4300 SW 13TH ST.		CITY I	CT 710	•			
CITY-ST-ZIP	4300 SW 13TH ST. GAINESVILLE, FL 32608	☐ Colete	-	ST-ZIP			Change	☐ Addition
CITY-ST-ZIP		☐ Delete	CITY-S TITLE NAME		·		Change	Addition
CITY-ST-ZIP TITLE NAME STREET AODRESS		☐ Delete	TITLE NAME STREE	T ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET AODRESS CITY-ST-ZIP			TITLE NAME STREET CITY-S	T ADDRESS				
CITY-ST-ZIP TITLE NAME STREET AODRESS		☐ Delete	TITLE NAME STREE	T ADDRESS ST- ZIP			☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			TITLE NAME STREE CITY-S TITLE NAME STREET	T ADDRESS T ADDRESS				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	GAINESVILLE, FL 32608	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S	T ADDRESS ST-ZIP T ADDRESS ST-ZIP			Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby c indicated of the corr	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, the supplemental reports in the receiver or trustee empor	Delate this filling does not qualify for true and accurate and this report a wered to execute this report a	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S the exemy signature	T ADDRESS ST-ZIP T ADDRESS ST-ZIP Inptions contained are shall have the	same legal effect as i	f made under oa	Change Ther certify that the inth; that I am an officer	Addition formation or director