

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


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

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

40045919



03152006 Chg-NP CR2E037 (11/05)

|                                                                                     |         |                                                                                   |         |
|-------------------------------------------------------------------------------------|---------|-----------------------------------------------------------------------------------|---------|
| <b>DOCUMENT # 744144</b>                                                            |         |  |         |
| 1. Entity Name<br>MERIDIAN BEHAVIORAL HEALTHCARE, INC.                              |         |                                                                                   |         |
| Principal Place of Business<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608-4006 US |         | Mailing Address<br>PO BOX 141750<br>GAINESVILLE, FL 32614-1750 US                 |         |
| 2. Principal Place of Business                                                      |         | 3. Mailing Address                                                                |         |
| Suite, Apt. #, etc.                                                                 |         | Suite, Apt. #, etc.                                                               |         |
| City & State                                                                        |         | City & State                                                                      |         |
| Zip                                                                                 | Country | Zip                                                                               | Country |
| 4. FEI Number<br>59-1906214                                                         |         | Applied For<br><input type="checkbox"/> Not Applicable                            |         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/>                |         | \$8.75 Additional Fee Required                                                    |         |

|                                                                     |  |                                                    |  |
|---------------------------------------------------------------------|--|----------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent                     |  | 7. Name and Address of New Registered Agent        |  |
| LABARTA, MARGARITA PHD<br>4300 SW 13TH ST.<br>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 \_\_\_\_\_  
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><br><b>Due by May 1, 2006</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 |
|-----------------------------------------------------------|----------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------|


| 10. OFFICERS AND DIRECTORS                                             |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                     |                                                                              |
|------------------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------------------|
| T<br>NAYLOR, BARBARA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete | D<br>Bosshardt, Carol<br>4300 SW 13th Street<br>Gainesville, FL 32608     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| S<br>SLATER, ROSLYN<br>4300 SW 13 ST<br>GAINESVILLE, FL 32608          | <input type="checkbox"/> Delete | D<br>Cason, Lillian<br>4300 SW 13th Street<br>Gainesville, FL 32608       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| VC<br>BROWN, SINOMA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608  | <input type="checkbox"/> Delete | D<br>DeBolt, Charles<br>4300 SW 13th Street<br>Gainesville, FL 32608      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| C<br>HYDE, CAROL D<br>4300 SW 13TH ST.<br>GAINESVILLE, FL 32608        | <input type="checkbox"/> Delete | D<br>Gay, Sharon<br>4300 SW 13th Street<br>Gainesville, FL 32608          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                        | <input type="checkbox"/> Delete | D<br>Johnson, Herman<br>4300 SW 13th Street<br>Gainesville, FL 32608      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|                                                                        | <input type="checkbox"/> Delete | D<br>Woodrum, Rev. Donald<br>4300 SW 13th Street<br>Gainesville, FL 32608 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. 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 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 Bush  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

# ATTACHMENT

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                              |                                                                   |                                                                                          |                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| DOCUMENT # 744144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                                              |                                                                   |         |                                                                                                         |
| 1. Entity Name<br>MERIDIAN BEHAVIORAL HEALTHCARE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                        |                                                                                                              |                                                                   |                                                                                          |                                                                                                         |
| Principal Place of Business<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608-4006 US                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                              | Mailing Address<br>PO BOX 141750<br>GAINESVILLE, FL 32614-1750 US |                                                                                          |                                                                                                         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | 3. Mailing Address                                                                                           |                                                                   |                                                                                          |                                                                                                         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Suite, Apt. #, etc.                                                                                          |                                                                   |                                                                                          |                                                                                                         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | City & State                                                                                                 |                                                                   | 03152006 Chg-NP CR2E037 (11/05)                                                          |                                                                                                         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country                                                                                                      |                                                                   | 4. FEI Number<br>59-1906214                                                              |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                              |                                                                   | Applied For<br>Not Applicable                                                            |                                                                                                         |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                              |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                                                         |
| LABARTA, MARGARITA PHD<br>4300 SW 13TH ST.<br>GAINESVILLE, FL 32608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                                              |                                                                   | 7. Name and Address of New Registered Agent                                              |                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                                              |                                                                   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                              |                                                                   |                                                                                          |                                                                                                         |
| Filing Fee is \$61.25<br>Due by May 1, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |                                                                   | Make check payable to Florida Department of State                                        |                                                                                                         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                                              | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10             |                                                                                          |                                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>NAYLOR, BARBARA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Longworth, Sharon<br>4300 SW 13th Street<br>Gainesville, FL 32608                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>SLATER, ROSLYN<br>4300 SW 13 ST<br>GAINESVILLE, FL 32608          | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Parrish, Kenneth<br>4300 SW 13th Street<br>Gainesville, FL 32608                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VC<br>BROWN, SINOMA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608  | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Phillips-Maxwell, Irma<br>4300 SW 13th Street<br>Gainesville, FL 32608              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C<br>HYDE, CAROL D<br>4300 SW 13TH ST.<br>GAINESVILLE, FL 32608        | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | C<br>Buck, Carol                                                                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><i>Name Change only</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Ward, Pam<br>4300 SW 13th Street<br>Gainesville, FL 32608                           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                                              | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Weaver, Mary Jane<br>4300 SW 13th Street<br>Gainesville, FL 32608                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                            |
| 12. 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 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: <i>Carole Buck</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                        |                                                                                                              |                                                                   |                                                                                          |                                                                                                         |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                        |                                                                                                              |                                                                   | Date _____ Daytime Phone # _____                                                         |                                                                                                         |

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# ATTACHMENT

## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                  |                                                                   |                                                                                          |                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| DOCUMENT # 744144                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                  |                                                                   |         |                                                                              |
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| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Suite, Apt. #, etc.                                                              |                                                                   |                                                                                          |                                                                              |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        | City & State                                                                     |                                                                   | 4. FEI Number<br>59-1906214                                                              |                                                                              |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | Country                                                                          |                                                                   | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |                                                                              |
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| LABARTA, MARGARITA PHD<br>4300 SW 13TH ST.<br>GAINESVILLE, FL 32608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        |                                                                                  | Name                                                              |                                                                                          |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                  | Street Address (P.O. Box Number is Not Acceptable)                |                                                                                          |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                  | City                                                              |                                                                                          |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                  | FL                                                                |                                                                                          | Zip Code                                                                     |
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| SIGNATURE _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                        |                                                                                  |                                                                   |                                                                                          |                                                                              |
| <b>Filing Fee Is \$61.25<br/>Due by May 1, 2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                        | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |                                                                   | <b>\$5.00 May Be Added to Fees</b>                                                       |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                        |                                                                                  |                                                                   | <b>Make check payable to Florida Department of State</b>                                 |                                                                              |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                        |                                                                                  |                                                                   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                    |                                                                              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | T<br>NAYLOR, BARBARA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608 | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    | D<br>Yates, DeWayne<br>4300 SW 13th Street<br>Gainesville, FL 32608                      | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | S<br>SLATER, ROSLYN<br>4300 SW 13 ST<br>GAINESVILLE, FL 32608          | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VC<br>BROWN, SINOMA D<br>4300 SW 13TH STREET<br>GAINESVILLE, FL 32608  | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C<br>HYDE, CAROL D<br>4300 SW 13TH ST.<br>GAINESVILLE, FL 32608        | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                        | <input type="checkbox"/> Delete                                                  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                    |                                                                                          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 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: <u>Carol Buch</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                        |                                                                                  | Date _____ Daytime Phone # _____                                  |                                                                                          |                                                                              |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                        |                                                                                  | <small>Date Daytime Phone #</small>                               |                                                                                          |                                                                              |

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