
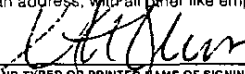


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007 8:00 am
Secretary of State

03-30-2007 90138 018 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1906214	
Zip		Country		5. Certificate of Status Desired <input 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		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	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BOSSHARDT, CAROL		NAME		
STREET ADDRESS	4300 SW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SLATER, ROSLYN		NAME	LONGWORTH, SHARON	
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	VC	<input checked="" type="checkbox"/> Delete	TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, SINOMA D		NAME	YATES, DEWAYNE	
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	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HYDE, CAROL D		NAME	BROWN, SINOMA	
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	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAYLOR, BARBARA D		NAME		
STREET ADDRESS	4300 SW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASON, LILLIAN		NAME		
STREET ADDRESS	4300 SW 13TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 32608		CITY-ST-ZIP		
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: 		Date: 3/26/07		Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					