

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744144

FILED
Jan 18, 2011
Secretary of State

Entity Name: MERIDIAN BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

4300 SW 13TH STREET
GAINESVILLE, FL 326084006 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141750
GAINESVILLE, FL 32614

New Mailing Address:

PO BOX 141750
ATTN: FISCAL
GAINESVILLE, FL 32614

FEI Number: 59-1906214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LABARTA, MARGARITA CEO
4300 SW 13TH ST.
GAINESVILLE, FL 32608 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: S
Name: SLATER, ROSLYN
Address: 4300 SW 13 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: C
Name: BROWN, SINOMA
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: WEAVER, MARY JANE
Address: 4300 SW 13TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: NAYLOR, BARBARA D
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D
Name: TURNER, LARRY
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VC
Name: WESEMAN, LINDA
Address: 4300 SW 13TH
City-St-Zip: GAINESVILLE, FL 32608

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARGARITA LABARTA

CEO

01/18/2011

Electronic Signature of Signing Officer or Director

Date