

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90083 034 ***550.00

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1. Entity Name
MENTAL HEALTH ASSOCIATES, INC.



Principal Place of Business
**9606 N. MAPAC EXPRESSWAY, SUITE 600
AUSTIN TX 78759**

Mailing Address
**PO BOX 209010
AUSTIN TX 78720**



2. Principal Place of Business
9606 N. Mopac Expy, Ste 600

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **72-1106596**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORRIS, SUSAN
1211 SEMORAN BLVD., SUITE 355
CASSELBERRY FL 32707**

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 _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **CP** Delete
NAME **BROCKHOEFT, WESLEY J**
STREET ADDRESS **9606 N. MAPAC EXPRESSWAY, SUITE 600**
CITY-ST-ZIP **AUSTIN TX 78759**

TITLE Change Addition
NAME *mapac to Mopac*
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** Delete
NAME **WRIGHT, RICHARD T**
STREET ADDRESS **9606 N. MAPAC EXPRESSWAY, SUITE 600**
CITY-ST-ZIP **AUSTIN TX 78759**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** Delete
NAME **WILSON, ROBERT**
STREET ADDRESS **9606 N. MAPAC EXPRESSWAY, SUITE 600**
CITY-ST-ZIP **AUSTIN TX 78759**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **MOORE, JOHN**
STREET ADDRESS **120 MEADOWCREST STREET #160**
CITY-ST-ZIP **GRETNA LA 70056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME *VP Quality Improvement*
STREET ADDRESS *Sharyl K. Jeffries*
CITY-ST-ZIP *9606 N. mopac Expy, Suite 600 Austin, TX 78759*

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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)(i), 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 607, 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 life empowered.

SIGNATURE: *Robert J. Wilson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/8/03 (512) 347-7900
Date Daytime Phone #

CR2E034 (4/03)