

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J98943

1. Entity Name

MERIT BEHAVIORAL CARE OF FLORIDA, INC.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90113 008 ***150.00

Principal Place of Business

Mailing Address

8000 GOVERNORS SQUARE BLVD.
SUITE 305
MIAMI LAKES FL 33016

6950 COLUMBIA GATEWAY DR
SUITE #1400
COLUMBIA MD 21046-2706
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

94-3056228

Applied For

Not Applicable

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DVT ☐ Delete
NAME SANFORD, CHARLOTTE A.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3500 Piedmont Road, NE, Suite 775
CITY-ST-ZIP Atlanta, GA 30305

TITLE AS ☒ Delete
NAME ANCOSKY, MICHELLE H
STREET ADDRESS 3414 PEACHTREE RD, NE STE 32400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DAS ☐ Delete
NAME BEDENBAUGH, JAMES R.
STREET ADDRESS 3414 PEACHTREE ROAD N.E., SUITE 1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3500 Piedmont Road, NE, Suite 775
CITY-ST-ZIP Atlanta, GA 30305

TITLE AS ☒ Delete
NAME LANG, MARIAN
STREET ADDRESS 3924 PEACHTREE RD NE, STE #1400
CITY-ST-ZIP ATLANTA GA 30326

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE V ☐ Delete
NAME LAZAROFF, DENNIS J.
STREET ADDRESS 13736 RIVERPORT DRIVE, STE 400
CITY-ST-ZIP MARYLAND HEIGHTS MO

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME CUMMINGS, ANDREW M.
STREET ADDRESS 666 THIRD AVENUE 5TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 666 Third Avenue, 31st Floor
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Charlotte Sanford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)