2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# J98943

Entity Name: MERIT BEHAVIORAL CARE OF FLORIDA, INC.

Current Principal Place of Business:

6950 COLUMBIA DR., STE 400
COLUMBIA, MD 21046

New Principal Place of Business:

Current Mailing Address:

6950 COLUMBIA GATEWAY DR
SUITE #1400
COLUMBIA, MD 21046 US

New Mailing Address:

FEI Number: 94-3056228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DT ( ) Delete
Name: DEMILIO, MARK S
Address: 6950 COLUMBIA GATEWAY DR.
City-St-Zip: COLUMBIA, MD 21046

Title: VPAS ( ) Delete
Name: DEMILIO, MARK S
Address: 6950 COLUMBIA GATEWAY DRIVE, STE. 400
City-St-Zip: COLUMBIA, MD 21046

Title: P ( ) Delete
Name: MOODY, DENNIS P
Address: 6950 COLUMBIA GATEWAY DR
City-St-Zip: COLUMBIA, MD 21046

Title: S ( ) Delete
Name: CUMMINGS, ANDREW M
Address: 666 THIRD AVENUE 5TH FLOOR
City-St-Zip: NEW YORK, NY 10017

Title: V ( ) Delete
Name: LAZAROFF, DENNIS J.
Address: 13736 RIVERPORT DRIVE, STE 400
City-St-Zip: MARYLAND HEIGHTS, MO

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change ( ) Addition
Name: DEMILIO, MARK S
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: AS (X) Change ( ) Addition
Name: MCQUILLEN, MICHAEL P
Address: 6950 COLUMBIA GATEWAY DRIVE, STE. 400
City-St-Zip: COLUMBIA, MD 21046

Title: T (X) Change ( ) Addition
Name: DEMILIO, MARK S
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

Title: VP/S (X) Change ( ) Addition
Name: CUMMINGS, ANDREW M
Address: 90 WILLIAM STREET, STE 1002
City-St-Zip: NEW YORK, NY 10038

Title: V (X) Change ( ) Addition
Name: LAZAROFF, DENNIS J.
Address: 14100 MAGELLAN PLAZA
City-St-Zip: MARYLAND HEIGHTS, MO 63043

Title: D ( ) Change (X) Addition
Name: LERER, RENE
Address: 16 MUNSON ROAD
City-St-Zip: FARMINGTON, CT 06032

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW M. CUMMINGS VP/S 04/21/2005

Electronic Signature of Signing Officer or Director Date