

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L34862 (7)

1. Corporation Name
MENTAL HEALTHCARE AMERICA, INC.



Principal Place of Business Mailing Address
**C/O DONALD J. HEVEY
2846-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308-1543**

3. Date Incorporated or Qualified **12/06/1989** 3a. Date of Last Report **06/14/1995**
4. FEI Number **59-2989294** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent

**HEVEY, DONALD J.
2846-A REMINGTON GREEN CIRCLE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	P	<input type="checkbox"/> DELETE
NAME	HEVEY, DONALD J.	
STREET ADDRESS	2845A REMINGTON GREEN CR	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DANGERFIELD, DAVID	
STREET ADDRESS	2001 S.STATE ST.,#S2600	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAMSON, GARY	
STREET ADDRESS	671 HOES LANE	
CITY-ST-ZIP	PISCATAWAY NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSHING, SUSAN	
STREET ADDRESS	4101 S. MEDFORD DR.	
CITY-ST-ZIP	LUFKIN TX	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RIGGS, R. THOMAS	
STREET ADDRESS	1437 S. BELCHER RD. #200	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEHAVEN, C. RICHARD	
STREET ADDRESS	2020 BROWN ST.	
CITY-ST-ZIP	ANDERSON IN	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Parker John	
2.3 STREET ADDRESS	5415 S.E. Milwaukie Ave, Ste 3	
2.4 CITY-ST-ZIP	Portland OR	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Thayer Charles	
5.3 STREET ADDRESS	4334 Secor Road	
5.4 CITY-ST-ZIP	Toledo OH	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Turner Jesse	
6.3 STREET ADDRESS	2 Whipple Place, Ste 202	
6.4 CITY-ST-ZIP	Lebanon NH	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donald J. Hevey*
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

Date

904-385-5237

Daytime Phone #

CR2E034 (12/95)