

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVEY, DONALD J.	1.2 NAME	
STREET ADDRESS	2845A REMINGTON GREEN CR	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANGERFIELD, DAVID	2.2 NAME	Parker John
STREET ADDRESS	2001 S.STATE ST.,#S2600	2.3 STREET ADDRESS	5415 S.E. Milwaukie Ave, Ste 3
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	Portland OR
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMSON, GARY	3.2 NAME	
STREET ADDRESS	671 HOES LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSHING, SUSAN	4.2 NAME	
STREET ADDRESS	4101 S. MEDFORD DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LUFKIN TX	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RIGGS, R. THOMAS	5.2 NAME	Thayer Charles
STREET ADDRESS	1437 S. BELCHER RD. #200	5.3 STREET ADDRESS	4334 Secor Road
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	Toledo OH
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEHAVEN, C. RICHARD	6.2 NAME	Turner Jesse
STREET ADDRESS	2020 BROWN ST.	6.3 STREET ADDRESS	2 Whipple Place, Ste 202
CITY-ST-ZIP	ANDERSON IN	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 1/18/96 904-385-5237
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)