

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Apr 24 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L34862 (7)
1. Corporation Name
MENTAL HEALTHCARE AMERICA, INC.



Principal Place of Business C/O DONALD J. HEVEY 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-1543	Mailing Address C/O DONALD J. HEVEY 2846-A REMINGTON GREEN CIRCLE TALLAHASSEE FL 32308-1543
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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
24. Country	29. Country

3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 04/29/1996
4. FEI Number 59-2089294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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 _____

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	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PARKER, JOHN	2.2 NAME	SMITH, J. MELVIN
STREET ADDRESS	5415 SE MILWAUKIE AVE STE 3	2.3 STREET ADDRESS	1820 SOUTH 25TH AVENUE
CITY - ST - ZIP	PORTLAND OR	2.4 CITY - ST - ZIP	BROADVIEW, IL
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	871 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	VCD <input checked="" 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 type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, CHARLES	5.2 NAME	
STREET ADDRESS	4334 SECOR ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	TOLEDO OH	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JESSE	6.2 NAME	
STREET ADDRESS	2 WHIPPLE PLACE STE 202	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEBANON NH	6.4 CITY - ST - ZIP	

14. I do 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 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 **Donald J. Hevey** **4/21/97** **904-385-5954**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)