

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/06/1989	
21		26		4. FEI Number 59-2989294	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	25. Country	29. Zip	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVEY, DONALD J.	1.2 NAME	
STREET ADDRESS	2845A REMINGTON GREEN CR	1.3 STREET ADDRESS	2846-A Remington Green CR
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MELVIN J.	2.2 NAME	
STREET ADDRESS	1820 SOUTH 25TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BROADVIEW IL	2.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMSON, GARY	3.2 NAME	
STREET ADDRESS	671 HOES LANE	3.3 STREET ADDRESS	950 Cambridge Street
CITY-ST-ZIP	PISCATAWAY NJ	3.4 CITY-ST-ZIP	Cambridge, Massachusetts 02141-1001
TITLE	VCD <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 type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THAYER, CHARLES	5.2 NAME	Secretary
STREET ADDRESS	4334 SECOR ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TOLEDO OH	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TURNER, JESSE	6.2 NAME	Treasurer
STREET ADDRESS	2 WHIPPLE PLACE STE 202	6.3 STREET ADDRESS	Harold C. Loewen
CITY-ST-ZIP	LEBANON NH	6.4 CITY-ST-ZIP	330 Lakeview Drive Goshen, Indiana 46527

14. 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 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* *4/22/98*

CR2E034 (10/97)