

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

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90199 039 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **L34862**

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/06/1989**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 1876-A Eider Court**  
 Suite, Apt. #, etc. **22**

2a. Mailing Address  
**26 1876-A Eider Court**  
 Suite, Apt. #, etc. **27**

City & State  
**23 Tallahassee, FL**  
 Zip **24 32308** County **25 US**

City & State  
**28 Tallahassee, FL**  
 Zip **29 32308** Country **30 US**

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)**  
**1876-A Eider Court**  
**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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>HEVEY, DONALD J.</b>		1.2 NAME	
STREET ADDRESS <b>2746-A REMINGTON GREEN CIRCLE</b>		1.3 STREET ADDRESS <b>1876-A Eider Court</b>	
CITY-ST-ZIP <b>TALLAHASSEE FL</b>		1.4 CITY-ST-ZIP <b>Tallahassee, FL 32308</b>	
TITLE <b>CD</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LAMSON, GARY</b>		2.2 NAME <b>Dennis P. Morrison, Ph.D.</b>	
STREET ADDRESS <b>950 CAMBRIDGE STREET</b>		2.3 STREET ADDRESS <b>645 South Rogers Street</b>	
CITY-ST-ZIP <b>CAMBRIDGE MA 02141</b>		2.4 CITY-ST-ZIP <b>Bloomington, IN 47403-2367</b>	
TITLE <b>VCD</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RUSHING, SUSAN</b>		3.2 NAME	
STREET ADDRESS <b>4101 S. MEDFORD DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>LUFKIN TX</b>		3.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	4.1 TITLE <b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>THAYER, CHARLES</b>		4.2 NAME <b>David W. Briggs</b>	
STREET ADDRESS <b>4334 SECOR ROAD</b>		4.3 STREET ADDRESS <b>6801 S. Yosemite St.</b>	
CITY-ST-ZIP <b>TOLEDO OH</b>		4.4 CITY-ST-ZIP <b>Englewood, CO 80112</b>	
TITLE <b>T</b>	<input type="checkbox"/> DELETE	5.1 TITLE <b>Vice-Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LOEWEN, HAROLD C</b>		5.2 NAME	
STREET ADDRESS <b>330 LAKEVIEW DRIVE</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>GOSHEN IN 46527</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: *Donald J. Hevey* **DONALD J. HEVEY** **4/28/99** **830-942-4900**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)