

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

2a. Mailing Address  
**26 1876-A Eider Court**  
 Suite, Apt. #, etc.  
**27**  
 City & State  
**28 Tallahassee, FL**  
 Zip Country  
**29 32308 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

TITLE	P	<input type="checkbox"/> DELETE
NAME	HEVEY, DONALD J.	
STREET ADDRESS	2746-A REMINGTON GREEN CIRCLE	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	LAMSON, GARY	
STREET ADDRESS	950 CAMBRIDGE STREET	
CITY-ST-ZIP	CAMBRIDGE MA 02141	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	RUSHING, SUSAN	
STREET ADDRESS	4101 S. MEDFORD DR.	
CITY-ST-ZIP	LUFKIN TX	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THAYER, CHARLES	
STREET ADDRESS	4334 SECOR ROAD	
CITY-ST-ZIP	TOLEDO OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LOEWEN, HAROLD C	
STREET ADDRESS	330 LAKEVIEW DRIVE	
CITY-ST-ZIP	GOSHEN IN 46527	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1876-A Eider Court
1.4 CITY-ST-ZIP	Tallahassee, FL 32308
2.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Dennis P. Morrison, Ph.D.
2.3 STREET ADDRESS	645 South Rogers Street
2.4 CITY-ST-ZIP	Bloomington, IN 47403-2367
3.1 TITLE	Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	David W. Briggs
4.3 STREET ADDRESS	6801 S. Yosemite St.
4.4 CITY-ST-ZIP	Englewood, CO 80112
5.1 TITLE	Vice-Chairman <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)