2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744144

Entity Name: MERIDIAN BEHAVIORAL HEALTHCARE, INC.

FILED
Jan 22, 2024
Secretary of State
0419870969CC

Current Principal Place of Business:

4300 SW 13TH STREET GAINESVILLE. FL 32608-4006

Current Mailing Address:

PO BOX 141750

ATTN: FISCAL SPECIALIST GAINESVILLE, FL 32614 US

FEI Number: 59-1906214 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SAVOIE, DONALD CEO 4300 SW 13TH ST. GAINESVILLE, FL 32608 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: DONALD SAVOIE 01/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name PHILLIPS-MAXWELL, IRMA Name KNIGHT, PATRICIA

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

Title CEO Title DIRECTOR

Name SAVOIE, DONALD Name SHARPE, BECKY

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR Title CHAIRMAN

Name METTS, PAUL Name FELLER, JEFF

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

TitleSECRETARYTitleIMMEDIATE PAST CHAIRNameMCCLENDON, STEPHANIENameSEIFERT, CHRISTINA NIETOAddress4300 SW 13TH STREETAddress4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DONALD SAVOIE

Electronic Signature of Signing Officer/Director Detail

CEO 01/22/2024

Date

Officer/Director Detail Continued:

Title DIRECTOR Title DIRECTOR

Name MILNER, BOB Name CRUMMEY, KINDALL

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR Title DIRECTOR

Name CASON, JASON Name BENNETT, DENISE

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

City-State-Zip: GAINESVILLE FL 32608-4006 City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR Title DIRECTOR

Name MANSKE, AMANDA Name WEGENER, STUART

Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

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