

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744144

FILED
Jan 25, 2019
Secretary of State
1177585679CC

Entity Name: MERIDIAN BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

4300 SW 13TH STREET
GAINESVILLE, FL 32608-4006

Current Mailing Address:

PO BOX 141750
ATTN: FISCAL
GAINESVILLE, FL 32614

FEI Number: 59-1906214

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LABARTA, MARGARITA 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name GAY, SHARON
Address 4300 SW 13 ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name BROWN, SINOMA
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608

Title CHAIRMAN
Name GORDON, DEBORAH
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name LONGWORTH, SHARON
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name PHILLIPS-MAXWELL, IRMA
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title EMERITUS
Name SLATER, ROSLYN
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name YATES, PATRICIA
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title CEO
Name LABARTA, MARGARITA
Address 4300 SW 13TH STREET
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: MARGARITA LABARTA

PRESIDENT/CEO

01/25/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name IRVING, JODI
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR, VICE-CHAIR
Name SUMMERS, SUSAN
Address 4300 SW 13TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name ALLEN, NATASHA
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name CHANDLER, ROSS
Address 4300 SW 13TH ST
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name MCCLENDON, STEPHANIE
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name SHARPE, BECKY
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name METTS, PAUL
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name FELLER, JEFF
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR
Name PATE, ANGELA
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006

Title DIRECTOR, SECRETARY
Name SEIFERT, CHRISTINA NIETO
Address 4300 SW 13TH STREET
City-State-Zip: GAINESVILLE FL 32608-4006