

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 744144

**FILED**  
**Jan 13, 2015**  
**Secretary of State**  
**CC9302482609**

**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:** No

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

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

Title DIRECTOR  
Name WEAVER, MARY JANE  
Address 4300 SW 13TH ST.  
City-State-Zip: GAINESVILLE FL 32608

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

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

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

Title SECRETARY  
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

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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, PHD

**PRESIDENT/CEO**

**01/13/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

Title MEMBER  
Name DOUGLAS, ROBERT  
Address 4300 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608-4006

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

Title DIRECTOR  
Name DA FROTA, BRYAN  
Address 4300 SW 13TH STREET  
City-State-Zip: GAINESVILLE FL 32608

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

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