2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744144

Entity Name: MERIDIAN BEHAVIORAL HEALTHCARE, INC.

FILED Jan 23, 2020 **Secretary of State** 5498522424CC

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:

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 01/23/2020

Electronic Signature of Registered Agent

Officer/Director Detail:

Title **CHAIRMAN** Title **DIRECTOR**

Name GORDON, DEBORAH Name PHILLIPS-MAXWELL, IRMA Address 4300 SW 13TH STREET Address 4300 SW 13TH STREET

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

CEO Title Title DIRECTOR

Name SAVOIE, DONALD KNIGHT, PATRICIA Name

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

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

Title DIRECTOR, VICE-CHAIR Title DIRECTOR

Name SUMMERS, SUSAN Name SHARPE, BECKY Address 4300 SW 13TH ST 4300 SW 13TH STREET Address

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

Title DIRECTOR DIRECTOR Title

Name ALLEN, NATASHA Name METTS, PAUL

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

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

Continues on page 2

CEO

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 01/23/2020

Date

Date

Officer/Director Detail Continued:

TitleDIRECTORTitleDIRECTORNameFELLER, JEFFNamePATE, ANGELA

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

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

DIRECTOR, SECRETARY

Title DIRECTOR Title

NameMCCLENDON, STEPHANIENameSEIFERT, CHRISTINA NIETOAddress4300 SW 13TH STREETAddress4300 SW 13TH STREET

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

Title DIRECTOR Title DIRECTOR

Name MILNER, BOB Name CRUMMY, 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

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