FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 AM 8:35

DOCUMENT # 721536 (1)

1. Corporation Name

MENTAL HEALTH SERVICES, INC., OF NORTH CENTRAL F LORIDA

Principal Place of Business	Mailing Address
4300 S.W. 13TH ST. GAINESVILLE FL 32608	4300 S.W. 13TH ST. GAINESVILLE FL 32608

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/17/1971
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-1403647 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) / Country (25)	Zip (29) / Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
STARR, DOUGLAS L., PH.D. 4300 S.W. 13TH ST. GAINESVILLE FL 32608	81 Name 82 Street Address (P.O. Box Number Is Not Acceptable) 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: W. F. Dean, Douglas L. Starr, PhD., Executive Director 1/27/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	COHEN, LOUIS D	1.2 NAME		
STREET ADDRESS	1250-NW 61ST TERR	1.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	Secretary (S)	☒ Change ☐ Addition
NAME	NORTH, BEN	2.2 NAME	Green, Sharon	
STREET ADDRESS	201 E. UNIVERSITY AVE.	2.3 STREET ADDRESS	26 East University Ave.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP	Gainesville, Fl 32601	
TITLE	D	3.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	VAN DOREN, RUTH	3.2 NAME	Allen, Charles	
STREET ADDRESS	5517 NW 97TH STREET	3.3 STREET ADDRESS	P.O. Box 140280 N/A	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, Fl 32614	
TITLE	VD	4.1 TITLE		☐ Change ☐ Addition
NAME	DEBOLT, CHARLES	4.2 NAME		
STREET ADDRESS	12207 NW 39 AVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP		
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	HYDE, CAROL	5.2 NAME		
STREET ADDRESS	4300 SW 13TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	Director (D)	☒ Change ☐ Addition
NAME	BENNINK, MARIANNE	6.2 NAME	Dean, Wilbur	
STREET ADDRESS	RT. 1, BOX 98	6.3 STREET ADDRESS	P. O. Box 24 N/A	
CITY-ST-ZIP	BELL FL	6.4 CITY-ST-ZIP	Bronson, Fl 32621	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: W. F. Dean /Douglas L. Starr 904-374-5670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Director DATE Daytime Phone #

0020700

MENTAL HEALTH SERVICES, INC. of NORTH CENTRAL FLORIDA
Board of Directors - 94/95

	TERM/APPOINT		COMMITTEES
ALACHUA COUNTY			
Charles Allen P.O. Box 140280, Gainesville, FL 32614-0280	95	Board	Finance
Louis D. Cohen 1250 N.W. 61st Terr Gainesville, FL 32605	95	Board	Executive PP & Eval.
Charles DeBolt 12207 N.W. 39 Ave Gainesville, FL 32606	96	Board	OFFICER: Vice Pres./ Treasurer Executive, Finance & PP & Eval.
Sharon Green 26 E. University Avenue Gainesville, FL 32601	95	County	OFFICER: Secretary Executive, Personnel
John Kuldau Dept of Psychiatry Box 100256, Psychiatry UF Health Science Center Gainesville, FL 32610	97	Board	Executive
Norris Roszel Geo Pure Continental Services PO Box 5039 Gainesville, FL 32602-5039	97	Board	
Irma Phillips PO Box 1145 Gainesville, FL 32602-1145	95	Board	Executive PP & Eval.
Roslyn Slater 2211 NW 25 Street Gainesville, FL 32605	97	County	Personnel
Deidra (DeeDee) Smith PO Box 203 Alachua, FL 32615	97	County	PP & Eval.
DIXIE COUNTY			
Hank Stoddard P.O. Box 1620 Cross City, FL 32628	96	Board	
Maggie Viele P.O. Box 1600 Cross City, FL 32628	97	County	Personnel
LEVY COUNTY			
Franklin McKoy Box 185 Bronson, FL 32621	95	Board	
Wilbur Dean P.O. Box 24 Bronson, FL 3262	96	County	
GILCHRIST COUNTY			
Dennis McCraney PO Box 1442 Trenton, FL 32693	95	Board	
Carol Hyde Route 2, Box 120 Trenton, FL 32693	97	County	OFFICER: President Executive

January 10, 1995