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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:21

DOCUMENT # 726916 (0)

1. Corporation Name
MARION-CITRUS MENTAL HEALTH CENTERS, INC.

Principal Place of Business	Mailing Address
P O BOX 1330 OCALA FL 34478 US	P O BOX 1330 OCALA FL 34478 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/10/1973
3a. Date of Last Report: 03/21/1994
4. FEI Number: 51-0177273 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RASCO, RUSSELL
717 S.W. MARTIN LUTHER KING JR AVE
OCALA FL 32674

Russell Rasco

10. Name and Address of New Registered Agent

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 Russell Rasco Russell Rasco, Executive Director 2/6/95
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	PP	1.1 TITLE	D ☒ Change ☒ Addition
NAME	EHLERS, HENRY A	1.2 NAME	DeBolt, Mark
STREET ADDRESS	2403 SE 17TH STREET	1.3 STREET ADDRESS	1314 SE 1st Ave
CITY-ST-ZIP	OCALA FL	1.4 CITY-ST-ZIP	Ocala FL 34471
TITLE	P	2.1 TITLE	PP ☒ Change ☐ Addition
NAME	JOHNSON, FAYE	2.2 NAME	
STREET ADDRESS	203 E. SILVER SPRINGS BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	P ☒ Change ☐ Addition
NAME	MONTGOMERY, MANDY	3.2 NAME	
STREET ADDRESS	2920 W. SILVER SPRINGS BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	S ☐ Change ☒ Addition
NAME	HARBOUR, MIKE	4.2 NAME	Rubin, Arthur
STREET ADDRESS	2800 HWY 44 WEST	4.3 STREET ADDRESS	Po Box 401 N/A
CITY-ST-ZIP	INVERNESS FL	4.4 CITY-ST-ZIP	Inverness FL 34451
TITLE	D	5.1 TITLE	T ☐ Change ☒ Addition
NAME	SYKES, BERTHA	5.2 NAME	Walker, Barry
STREET ADDRESS	1225 N.E. 16TH AVE.	5.3 STREET ADDRESS	7514 W Broyhill PL
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Inverness FL 34450
TITLE	T	6.1 TITLE	VP ☒ Change ☐ Addition
NAME	SCHLEMER, CHARLENE	6.2 NAME	
STREET ADDRESS	520 SE FT. KING ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL	6.4 CITY-ST-ZIP	

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)(k), 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: Mandy Montgomery Mandy Montgomery, President 2/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF ANOTHER OFFICER OR DIRECTOR Date

904-620-7340
Daytime Phone #

D06A430