

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 744144

FILED
Jul 30, 2009
Secretary of State

Entity Name: MERIDIAN BEHAVIORAL HEALTHCARE, INC.

Current Principal Place of Business:

4300 SW 13TH STREET
GAINESVILLE, FL 326084006 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 141750
GAINESVILLE, FL 326141750 US

New Mailing Address:

FEI Number: 59-1906214 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

LABARTA, MARGARITA PHD
4300 SW 13TH ST.
GAINESVILLE, FL 32608 US

Name and Address of New 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: MARGARITA LABARTA

07/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: LONGWORTH, SHARON
Address: 4300 SW 13 ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VC () Delete
Name: YATES, DEWAYNE
Address: 4300 SW 13TH STREET
City-St-Zip: GAINESVILLE, FL 32608

Title: C () Delete
Name: BROWN, SINOMA
Address: 4300 SW 13TH ST.
City-St-Zip: GAINESVILLE, FL 32608

Title: T () Delete
Name: NAYLOR, BARBARA D
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: D () Delete
Name: CASON, LILLIAN
Address: 4300 SW 13TH ST
City-St-Zip: GAINESVILLE, FL 32608

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARGARITA LABARTA

CEO

07/30/2009

Electronic Signature of Signing Officer or Director

Date