

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90213 045 ***150.00

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DOCUMENT # F00000004931

1. Entity Name
MERIDIAN HEALTH CARE GROUP, INC.



Principal Place of Business
**2100-C CENTERVILLE ROAD
TALLAHASSEE FL 32308
US**

Mailing Address
**2100-C CENTERVILLE ROAD
TALLAHASSEE FL 32308
US**



2. Principal Place of Business

3500 Financial Plaza

3. Mailing Address

3500 Financial Plaza

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

City & State

Tallahassee

City & State

Tallahassee

Zip

32312

Country

USA

Zip

32312

Country

USA

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3640549

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PCEO** ☐ Delete
NAME **FUTCH, TOM R**
STREET ADDRESS **2100 CENTERVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **ST** ☐ Delete
NAME **FUTCH, VIRGINIA A**
STREET ADDRESS **2100-C CENTERVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D-** ☐ Delete
NAME **HIXON, TOM**
STREET ADDRESS **2100-C CENTERVILLE ROAD**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE **PCEO** ☒ Change ☐ Addition
NAME **Futch, Tom R.**
STREET ADDRESS **3500 Financial Plaza, Suite 200**
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **ST** ☒ Change ☐ Addition
NAME **Futch, Virginia A.**
STREET ADDRESS **3500 Financial Plaza, Suite 200**
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE **D** ☒ Change ☐ Addition
NAME **Tom Hixon**
STREET ADDRESS **3500 Financial Plaza, Suite 200**
CITY-ST-ZIP **Tallahassee FL 32312**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Virginia A. Futch** **4-30-03** **850-325-7227**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)