

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90026 005 ***150.00

DOCUMENT # **F95000003963**

1. Corporation Name
NATIONAL MENTOR HEALTHCARE, INC.

Principal Place of Business

313 CONGRESS ST
BOSTON MA 02210
US

Mailing Address

577 MULBERRY ST
MACON GA 31298

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/16/1995

4. FEI Number

04-2893910

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 **6950 Columbia Gateway Dr**

2a. Mailing Address

26 **577 Mulberry St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 **Columbia, MD**

City & State

28 **Macon, GA**

Zip

Country

24 **21046**

25

Zip

Country

29 **31202**

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D ☐ DELETE

NAME GREGORY TORRES

STREET ADDRESS 313 CONGRESS ST

CITY-ST-ZIP BOSTON MA 02210

TITLE VP/D ☐ DELETE

NAME HOPPER, ELIZABETH

STREET ADDRESS 313 CONGRESS ST

CITY-ST-ZIP BOSTON MA 02210

TITLE D ☒ DELETE

NAME WOOD, DONNA Y

STREET ADDRESS 3414 PEACHTREE RD, NE SUITE 1400

CITY-ST-ZIP ATLANTA GA 30326

TITLE D ☐ DELETE

NAME CHARLOTTE A SANFORD

STREET ADDRESS 3414 PEACHTREE RD, NE SUITE 1400

CITY-ST-ZIP ATLANTA GA 30326

TITLE S ☐ DELETE

NAME SHEA, ARTHUR D

STREET ADDRESS 313 CONGRESS ST

CITY-ST-ZIP BOSTON MA 02210

TITLE VP ☐ DELETE

NAME MARGIE M SMITH

STREET ADDRESS 577 MULBERRY ST

CITY-ST-ZIP MACON GA 31298

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Dir.
James R. Bodenbaugh
3414 Peachtree Rd NE Ste 1400
Atlanta, GA 30326

Asst. Sec. / V.P.

31202

14. 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margie M. Smith

MARGIE M. SMITH

2/11/99

912-742-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)